



(Please fill out, sign form, and return with payment)

Child's Name

Age

Birth Date

Parent's Name(s):

Cell Phone

Address

City

State

Zip

Wk Telephone

Landline Phone

E-mail

Class Title

Day/Time

Class Title

Day/Time

Early Registration Tuition for each class \$140 (As of Dec. 26, \$165 ) \_\_\_\_\_

Registration Fee: \$20 \_\_\_\_\_

Total Due \_\_\_\_\_

**Send payment in full by check or money order, payable to**

**Storybook Musical Theatre, PO Box 473, Abington, PA 19001**

By Credit Card: ☐ VISA ☐ MC ☐ Discover (No Amex cards accepted)

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

I understand that no refund will be given for this class unless it is canceled by Storybook Musical Theatre and cannot be rescheduled during the same semester. I understand that my child is participating in this Storybook Theater class at Gratz College Theatre and hereby agree to hold harmless Storybook Musical Theatre, Gratz College Theatre and any instructor associated with Storybook Musical Theatre for any injury or accident suffered while taking class, rehearsing, performing or participating in any activity sponsored by Storybook Musical Theatre during the course of this class.

Signature of Participant or Legal Guardian

Date

Photo Release: I hereby grant Storybook Musical Theatre the right to photograph my child and use the photo and/or other digital reproduction of his/her physical likeness for advertising and/or publication processes, whether electronic, print, digital, or electronic publishing via the Internet.

Signature Participant or Legal Guardian

Date