

Fall 2008 Dixie Youth Theatre Registration Form

Please mail me a scholarship form: _____

Participant Information

Name: _____ Current School Grade: _____ T-Shirt Size: _____
First Middle Last Youth S-M-L Adult S-M-L-XL

Class Selection(s) (Please Mark):

_____ Acting I (Grades 3-5) _____ Voice & Movement Beginnings (Grades 2-5)
 _____ Acting II (Grades 6-8) _____ Musical Theatre (Grades 6-12)
 _____ Acting III (Grades 9-12) _____ Improvisation (Grades 7-12)

<i>Payment Information</i>	<i>Participants Total Fee</i>
Application Fee: \$ 10.00 <i>due August 6, 2008</i>	\$ 10.00
Materials Fee: \$ 15.00 <i>due August 6, 2008</i>	+ \$ 15.00
Class Fee, each: \$ 150.00 $\frac{1}{2}$ <i>due August 11, 2008</i> <i>Other $\frac{1}{2}$ due September 15, 2008</i>	+ \$ <u>150.00</u> x _____ (<i>enter number of classes</i>)
Late Tuition Payment Fee: \$ 10.00	= \$ _____
Returned Check Fee: \$ 10.00	This does not include scholarship award amount.

Parent/Guardian Information

Name: _____ Relationship to Participant: _____
First Last
 Address: _____ Parents' Email: _____
Street
City State Zip Code
 Phone Numbers:
 Home: _____ Work: _____ Cell: _____

Emergency Contact:

Name: _____ Relationship to Participant: _____
First Last
 Phone Numbers:
 Home: _____ Work: _____ Cell: _____

I hereby release and discharge any and all claims for damages, for death, personal or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the said event. This release is intended to discharge in advance The Town of Huntingdon, its offices, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks is to be binding on my errors and assigns. The Dixie Carter Performing Arts and Academic Enrichment Center, and/or The Town of Huntingdon have my permission to use my name, photograph, and film footage of me if they choose to do so. My signature below reflects that I have read and understand the entire foregoing registration form, liability release, parental consent and consent to treat forms, and agree to all of their terms and conditions.

Parent/Guardian Signature

For Office Use Only:

Amt/Date Paid	Amt/Date Paid	Amt/Date Paid	Amt/Date Paid	Amt
App:\$10/_____	Mat:\$15/_____	$\frac{1}{2}$ Tuition:\$_____	$\frac{1}{2}$ Tuition:\$_____	Scholar:_____
Method: _____			Sent reminder: _____	