

act 1, 2, & 3 **SUMMER FESTIVAL 2017** REGISTRATION FORM

STUDENT INFORMATION

NAME _____ GRADE IN FALL 2017 _____

Is this your first time enrolling in a Stoneham Theatre *young company* program? Yes No

T-SHIRT SIZE *select one* YOUTH Sm YOUTH Med YOUTH Lrg ADULT Sm ADULT Med ADULT Lrg ADULT XL

PARENT/GUARDIAN INFORMATION

NAME(S) _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE # _____ CELL PHONE # _____

PREFERRED EMAIL ADDRESS _____

ADDITIONAL EMAIL ADDRESS _____

CHOOSE YOUR PROGRAM:

act 1 *for students entering grades 4–6 (select one)*

PAY IN FULL \$1050

PAY IN 3 INSTALLMENTS

I have included my \$350 deposit with this form and acknowledge that I owe \$350 by May 1st, and the final \$350 by June 1.

act 2 *for students entering grades 7–9 (select one)*

PAY IN FULL \$1050

PAY IN 3 INSTALLMENTS

I have included my \$350 deposit with this form and acknowledge that I owe \$350 by May 1, and the final \$350 by June 1.

act 3 *for students entering grades 10–12 & 2017 high school graduates (select one)*

PAY IN FULL \$950

PAY IN 3 INSTALLMENTS

I have included my \$350 deposit with this form and acknowledge that I owe \$300 by May 1, and the final \$300 by June 1.

Assistant Stage Manager (ASM) *for students entering grades 10–12 & 2017 high school graduates (select one)*

PAY IN FULL \$600

PAY IN 3 INSTALLMENTS

I have included my \$350 deposit with this form and acknowledge that I owe \$125 by May 1, and the final \$125 by June 1.

Continued...

FOR OFFICE USE ONLY

Date Registered: _____ Date Payment Rec'd: _____ Payment Amount: \$ _____ Financial Aid Application Rec'd: _____

act 1, 2, & 3 **SUMMER FESTIVAL 2017 REGISTRATION FORM** cont'd

HOW DID YOU HEAR ABOUT THE PROGRAM?

- Returning student Online ad Facebook Attended a performance
 Other parents Other students School flyers Newspaper ad Other
- Who?: _____ Who?: _____ School: _____ Paper: _____

MY PAYMENT TODAY IS (select one)

- \$1050 \$950 \$600 \$350

ADD ON A TAX-DEDUCTIBLE DONATION

(Optional, but appreciated!)

- I would like to show my support for Stoneham Theatre.

DONATION: +\$ _____

EARLY REGISTRATION DISCOUNT

- I am registering before March 1, 2017 and taking the discount from my first payment.

DISCOUNT: -\$25

TOTAL PAYMENT UPON REGISTRATION: \$ _____

PAYMENT

- CASH CHECK (made payable to Stoneham Theatre, please write child's name in the memo)
 VISA M/C AMEX DISCOVER

CARD # _____

EXP DATE _____

CVV _____

Please return this form with your non-refundable deposit or full payment to the Stoneham Theatre Box Office, Summer Festival 2017, 395 Main Street, Stoneham MA 02180, by mail or in person Monday - Friday, 11am - 6pm or Saturday 1pm - 6pm. This program is filled on a first-come, first-served basis. Expect a confirmation email after registration is received. aftercare is available from 2:30pm - 5pm for students in acts 1 + 2 for an additional fee. The aftercare registration form will be available on our website (stonehamtheatre.org) and included in the online participation packet sent out after enrollment. For more information, contact us at 781-279-7885 x104 or education@stonehamtheatre.org.

YOU WILL RECIEVE A CONFIRMATION EMAIL AND A LINK TO IMPORTANT FORMS TO FILL OUT

RELEASE (REQUIRED)

By signing below, I confirm that I have read, understand, and accept these 3 important policies:

1. I hereby grant Stoneham Theatre permission to use the likeness of the above registrant(s) in a photograph in any and all publications without payment or other considerations. I understand and agree that these materials will become property of Stoneham Theatre. I waive the right to inspect or approve the finished products wherein the likeness appears.
2. I understand that all payments are non-refundable.
3. We will abide by the behavioral clause, as detailed on our website: www.stonehamtheatre.org/young-company-policies.html

SIGNATURE OF PARENT/GUARDIAN

DATE

- Please check this box If your student has special needs or concerns. A member of the Education Staff will follow-up with you for more details.