

overture **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

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: _____

PARENT/GUARDIAN INFORMATION

NAME(S) _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE # _____ CELL PHONE # _____

PREFERRED EMAIL ADDRESS _____ ADDITIONAL EMAIL ADDRESS _____

DATES OF ATTENDANCE (*check all that apply*) **Week 1** 7/10-7/14 **Week 2** 7/17-7/21 **Week 3** 7/24-7/28 **Week 4** 7/31-8/4 **Week 5** 8/7-8/11 **Week 6** 8/14-8/18

NUMBER OF WEEKS TOTAL (*select one*)

- One week** \$350 **Two weeks** \$675 **Five weeks** (*select payment option*)
 Three weeks (*select payment option*) **PAY IN FULL** \$1550 **PAY IN 3 INSTALLMENTS**
 PAY IN FULL \$1000 **PAY IN 3 INSTALLMENTS**
I have included my \$350 deposit with this form and acknowledge that I owe \$325 by May 1, and the final \$325 by June 1.
 Four weeks (*select payment option*) **PAY IN FULL** \$1800 **PAY IN 3 INSTALLMENTS**
 PAY IN FULL \$1300 **PAY IN 3 INSTALLMENTS**
I have included my \$350 deposit with this form and acknowledge that I owe \$475 by May 1, and the final \$475 by June 1.
 PAY IN FULL \$1550 **PAY IN 3 INSTALLMENTS**
I have included my \$350 deposit with this form and acknowledge that I owe \$600 by May 1, and the final \$600 by June 1.
 ALL SIX WEEKS (*select payment option*) **PAY IN FULL** \$1800 **PAY IN 3 INSTALLMENTS**
I have included my \$350 deposit with this form and acknowledge that I owe \$725 by May 1, and the final \$725 by June 1.

ADD ON A TAX-DEDUCTIBLE DONATION

(Optional, but appreciated!)

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

DONATION: +\$ _____

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 _____

RELEASE (REQUIRED)

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

- 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.
- I understand that all payments are non-refundable.
- 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.

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

Please return this form with your non-refundable deposit or full payment to Stoneham Theatre, 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 overture 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.

FOR OFFICE USE ONLY

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