

Overture REGISTRATION FORM



▶ STUDENT INFORMATION

NAME _____

GRADE IN FALL 2019 _____

Is this your first time enrolling in **The Young Company** at **Greater Boston Stage's** program?

Yes No

▶ PARENT/GUARDIAN INFORMATION

NAME(S) _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE # _____

CELL PHONE # _____

EMAIL ADDRESS _____

ADDITIONAL EMAIL ADDRESS _____

▶ DATES OF ATTENDANCE *check all that apply:*

Week 1 7/8-7/12 **Week 2** 7/15-7/19 **Week 3** 7/22-7/26 **Week 4** 7/29-8/2 **Week 5** 8/5-8/9 **Week 6** 8/12-8/16

▶ NUMBER OF WEEKS TOTAL *select one:*

One week \$350

Two weeks \$675

Three weeks *select payment option:*

PAY IN FULL \$1,000

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 \$1,300

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.

Five weeks *select payment option:*

PAY IN FULL \$1,550

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 \$1,800

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.

HOW DID YOU HEAR ABOUT THE PROGRAM?

Returning student Online ad Facebook Attended a performance

Other parents *Who?:* _____ Other students *Who?:* _____

School flyers *School:* _____ Newspaper ad *Paper:* _____

Other: _____

CONTINUED ON BACK →

Overture REGISTRATION FORM CONT...

▶ ADD ON A TAX-DEDUCTIBLE DONATION *(Optional, but appreciated!)*

I would like to show my support for Greater Boston Stage Company.

DONATION: +\$ _____

▶ EARLY REGISTRATION DISCOUNT

I am registering before March 1, 2019 and taking the discount from my first payment.

DISCOUNT: -\$25 _____

TOTAL PAYMENT UPON REGISTRATION: \$ _____

▶ PAYMENT

CASH CHECK *(made payable to Greater Boston Stage Company, 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 three important policies:

1. I hereby grant Greater Boston Stage Company 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 Greater Boston Stage Company. 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.greaterbostonstage.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 WITH A LINK TO ADDITIONAL IMPORTANT FORMS TO FILL OUT.

Please return this form with your non-refundable deposit or full payment to Greater Boston Stage Company Box Office, Summer Festival 2019, 395 Main Street, Stoneham, MA, 02180, by mail or in person Monday-Friday, 11:00am-6:00pm or Saturday 1:00pm-6:00pm. 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 an additional fee. The aftercare registration form will be available on our website (GreaterBostonStage.org) and included in the online participation packet sent out after enrollment. For more information, contact us at 781-279-7885 x104 or education@GreaterBostonStage.org.

FOR OFFICE USE ONLY

Date Registered: _____ Date Payment Rec'd: _____

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