

Overture REGISTRATION FORM



▶ STUDENT INFORMATION

NAME

GRADE IN FALL 2020

Is this your first time enrolling with **The Young Company** at **Greater Boston Stage**?

Yes No

▶ 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 7/6-7/10 **Week 2** 7/13-7/17 **Week 3** 7/20-7/24 **Week 4** 7/27-7/31 **Week 5** 8/3-8/7 **Week 6** 8/10-8/14

▶ 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.

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 guardians *Who?:* _____ Other students *Who?:* _____

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

Other: _____

CONTINUED ON BACK →

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▶ 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, 2020, and applying the discount to my first payment.

DISCOUNT:

-\$25 _____

TOTAL PAYMENT DUE WITH REGISTRATION: \$ _____

▶ PAYMENT

- CASH CHECK *(payable to Greater Boston Stage Company; please write student's full name in the memo)*
 VISA M/C AMEX DISCOVER

CARD #

EXP. DATE

CVV

▶ PHOTO RELEASE & REFUND POLICY *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 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. I will abide by the Behavioral Clause, as detailed at greaterbostonstage.org/young-company-policies.html

SIGNATURE OF GUARDIAN

DATE

- Please check this box if you would like to be in touch with our Inclusion Specialist to discuss our program and any individualized adaptations needed to help your student succeed.

PLEASE WATCH FOR A CONFIRMATION EMAIL WITH A LINK TO ADDITIONAL IMPORTANT FORMS TO BE COMPLETED.

Please return this form with your non-refundable deposit or full payment to Greater Boston Stage Company Box Office, Summer Festival 2020, 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-serve 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: _____