



▶ STUDENT INFORMATION

NAME _____ GRADE IN FALL 2023 _____

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 7/10-14 **Week 2** 7/17-21 **Week 3** 7/24-28 **Week 4** 7/31-8/4 **Week 5** 8/7-11

NUMBER OF WEEKS TOTAL

select one:

One week \$500

Two weeks \$975

Three weeks *select payment option:*

PAY IN FULL \$1,450

PAY IN 3 INSTALLMENTS

I have included my \$500 deposit with this form and acknowledge that I owe \$475 by May 1 and the final \$475 by June 1.

Four weeks *select payment option:*

PAY IN FULL \$1,925

PAY IN 3 INSTALLMENTS

I have included my \$500 deposit with this form and acknowledge that I owe \$700 by May 1 and the final \$725 by June 1

Five weeks *select payment option:*

PAY IN FULL \$2,400

PAY IN 3 INSTALLMENTS

I have included my \$500 deposit with this form and acknowledge that I owe \$950 by May 1 and the final \$950 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: _____

Overture REGISTRATION FORM

▶ **INCLUDE A TAX-DEDUCTIBLE DONATION** *(Optional and appreciated!)*

- I would like to show my support for The Young Company and help ensure every student who wants to participate can participate.

DONATION OF \$ _____ TO FUND-A-NEED.

▶ **APPLYING FOR FINANCIAL AID**

- I am applying for Financial Aid to assist in payment for Summer Festival 2023 and am submitting a deposit of \$100. No other payment is due at this time.

DEPOSIT \$100

- I am submitting a Payment Plan Form that outlines the custom payments I will make from now through when final payment is due (July 1). This includes a deposit of \$100.

DEPOSIT \$100

▶ **TOTAL PAYMENT DUE** *(Registration or Financial Aid Deposit + Optional Donation):* \$ _____

▶ **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

▶ **PROGRAM RELEASES** *required*

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

1. **PHOTO RELEASE:** 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.
1. **REFUNDS:** Until June 1 all payments are full refundable. After June 1, all payment become non-refundable.
2. **SAFETY PLAN:** As of February 1, Greater Boston Stage Company will not be enforcing masking for any actors outside of specific state quarantine guidelines. I understand that these policies may change and will follow any guidelines set by Greater Boston Stage Company through their Safety Plan.

SIGNATURE OF GUARDIAN

DATE

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

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

FOR OFFICE USE ONLY

Date Registered: _____ Date Payment Rec'd: _____

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