

# REGISTRATION FORM

Spring '08

Please use one Registration Form per student. Please print all information.

STUDENT & FAMILY INFORMATION

Student's Name	_____			
Student's Age	Birth Date	____/____/____	Current Grade	_____
Street Address	_____			
City	State	_____	Zip	_____
Home Phone #	Fax #	_____		
Student's E-Mail	Would you like to receive PGT e-mail updates? Yes No			
Mother's Name	E-Mail	_____		
Work #	Cell #	_____		
Company	Occupation	_____		
Father's Name	E-Mail	_____		
Work #	Cell #	_____		
Company	Occupation	_____		

ACTOR TRAINING PROGRAM

<p><b>For ATP Students only:</b> Class preferences will be selected at your audition. (See page 7.) You do not need to fill out class selections below</p>	<b>SPRING 2008 ACTOR TRAINING PROGRAM</b>	<b>\$1250</b>
	Discount (second sibling -\$150 for each additional child after first)	Tax-Deductible donation (thank you!)
	<b>TOTAL DUE</b>	
	Enclosed Full Payment or Deposit (50% minimum) - FULL PAYMENT ONLY after January 23	
	Balance (postdated check enclosed or credit card payment - due January 23)	
<b>AUDITION APPOINTMENT*:</b>	Preferred Audition Date (Thu. 1/24, Tue. 1/29, Wed. 1/30 or Thu. 1/31)	
	Preferred Audition Time (6-7pm, 7-8pm or 8-9pm)	

*\*We do our best to accommodate your preferences. An Audition Appointment Confirmation will specify the time and date of your audition*

CLASS SELECTION

Class Selections	Class Title	Day	Time	x Fee	= SubTotal
<b>Core Weekday Classes</b> Ages 7-18 <i>with a \$75 discount for each additional class after the first</i>	1. _____	_____	_____	\$250	
	2. _____	_____	_____	\$175	
	3. _____	_____	_____	\$175	
<b>Little Theatre Classes</b> Ages 4-6 <i>with a \$75 discount for each additional class after the first</i>  PLEASE FILL OUT YOUR PREFERRED CLASS DAY(S)	<b>Day</b>	<b>Time</b>		\$250	
	1st Choice _____	4-5 PM _____			
	2nd Choice _____	4-5 PM _____			
	3rd Choice _____	4-5 PM _____			
	4th Choice _____	4-5 PM _____			
Tax-Deductible donation (thank you!)					
<b>TOTAL DUE ENCLOSED</b> (Full Amount due February 8)					

PAYMENT OPTIONS

See next page for Class & Payment Policies. Please complete Volunteer Form on back of this form prior to returning to PGT office. You may pay by check or complete credit card info below. Payment by check preferred. Please make checks payable to The Play Group Theatre.

Or circle one: MASTER CARD VISA AMEX (NOTE: the security code is on the rear of your MC or Visa and on the front of your AMEX) I authorize the following charge to be made to my credit card. In addition, I authorize payment of any balance owed to be charged to the same card, on or after January 23, 2007.

Card Number _____	Exp. Date _____	Security Code _____
Signature _____	\$ Amount _____	

PLEASE SEND THIS FORM, ALONG WITH YOUR PAYMENT TO:

FAX credit card orders to 914-946-1336

**The Play Group Theatre**  
200 Hamilton Ave, Suite 9B  
White Plains, NY 10601

**For Office Use Only:**

Date Rec'd	_____
Payment 1	_____
Payment 2	_____
QB _____	L _____
CC _____	Conf _____