

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

SUMMER PROGRAM	Fee
FULL SESSION: (July 7-August 15) <i>please check one</i>	
<input type="checkbox"/> 6 WEEK TEEN CONSERVATORY (ages 14-17)	\$2,995
<input type="checkbox"/> 6 WEEK YOUNG ACTORS' ENSEMBLE (ages 11-13)	\$2,995
<input type="checkbox"/> 6 WEEK PGT KIDS (ages 7-10)	\$2,995
<input type="checkbox"/> 6 WEEK LITTLE THEATRE (ages 4-6) (ends August 14)	\$1,395
FIRST SESSION: (July 7-July 25) <i>please check one</i>	
<input type="checkbox"/> 3 WEEK TEEN CONSERVATORY (ages 14-17)	\$1,795
<input type="checkbox"/> 3 WEEK YOUNG ACTORS' ENSEMBLE (ages 11-13)	\$1,795
<input type="checkbox"/> 3 WEEK PGT KIDS (ages 7-10)	\$1,795
<input type="checkbox"/> 3 WEEK LITTLE THEATRE (ages 4-6) (ends July 24)	\$ 795
SECOND SESSION: (July 28-August 15) <i>please check one</i>	
<input type="checkbox"/> 3 WEEK TEEN CONSERVATORY (ages 14-17)	\$1,795
<input type="checkbox"/> 3 WEEK YOUNG ACTORS' ENSEMBLE (ages 11-13)	\$1,795
<input type="checkbox"/> 3 WEEK PGT KIDS (ages 7-10)	\$1,795
<input type="checkbox"/> 3 WEEK LITTLE THEATRE (ages 4-6) (ends August 14)	\$ 795
<input type="checkbox"/> IMPROV WEEK - ONE WEEK WORKSHOP (ages 10-17) (July 28-August 1)	\$ 595
Sibling Discount (-\$150 for each additional child after the first)	
Tax-Deductible donation (thank you!)	
TOTAL DUE	
Enclosed Deposit (50% minimum)	
Balance (postdated check enclosed or credit card payment - due March 1, 2008)	

AUDITIONS: · All students, with the exception of Little Theatre and Improv Week, are required to audition.
 · Registered students will be contacted to schedule their 10-minute audition appointment.

PAYMENT: · Financial Aid may be available. Please call for a scholarship application.
 · If paying by credit card, the balance of your deposit will be automatically charged to the same card on March 1, 2008.
 If paying by check, a postdated check for the balance must be included with your deposit and registration, dated March 1, 2008.

· Refund Policy: A FULL tuition refund will be granted prior to March 1, 2008 minus \$250 non-refundable deposit.
 A 75% tuition refund will be granted prior to May 1, 2008.
 A 50% tuition refund will be granted prior to July 1, 2008. No refunds will be granted after July 1, 2008.

*Additional fee may apply for trips. Details to follow closer to the start of the program.
 **PGT reserves the right to cancel or change dates, shows, times, locations and/or directors and teachers of all programs offered.

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 March 1, 2008.

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

PLEASE SEND THIS FORM, ALONG WITH YOUR PAYMENT TO: **The Play Group Theatre**
200 Hamilton Ave, Suite 9B
White Plains, NY 10601

FAX credit card orders to 914-946-1336

For Office Use Only:
 Date Rec'd _____
 Payment 1 _____
 Payment 2 _____
 QB _____ L _____
 CC _____ Conf _____