

# PERFORMERS THEATRE WORKSHOP

## THE SUMMER BROADWAY SHOWCASE AND TRAINING PROGRAM 2010 REGISTRATION FORM

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Grade Entering in Sep 2010 \_\_\_\_\_ School \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt Size (Youth): S M L (Adult): S M L XL

Parent/Guardian Name \_\_\_\_\_

Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Medical or emotional issues we should be aware of: \_\_\_\_\_

Any Allergies or restrictions \_\_\_\_\_

Physician's Name and Phone \_\_\_\_\_

Are you interested in: 1.) Early morning drop-off? Yes or No 2.) Late day pick-up? Yes or No

I give my child permission to be driven by a responsible adult for program functions. Yes or No

I agree PTW may use any photo, film, or video tape in which the student appears for any form of PTW promotion.

I agree to have my child attend regularly and be at all rehearsals. I understand that missed days disrupt the training.

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE CHECK ALL THAT APPLY:

SESSION ONE: June 28 - July 18 (NYC Cabaret Performance July 17 & 18)

\_\_\_ Broadway Showcase (Mon – Fri) 9:30am – 3:00pm

\_\_\_ GLEE! Tuesdays & Thursdays, 3:15 - 4:30pm

SESSION TWO: July 26 - August 15 (NYC Cabaret Performance August 14 & 15)

\_\_\_ Broadway Showcase (Mon – Fri) 9:30am – 3:00pm

\_\_\_ GLEE! Tuesdays & Thursdays, 3:15 - 4:30pm

\_\_\_ Film Intensive Workshop: Script-to-Screen. (Mon – Fri) 9:30am – 3:00pm

TUITION PER SESSION includes Broadway Show (Session 1) & Great Adventure (Session 2):

\$1850 if you register by March 31, 2010, \$1950 after March 31st.

GLEE class is \$445 per session

50% non refundable deposit is due at time of registration, and the balance is due by June 1, 2010.

Please send this form and payment to 1 Pierson Rd., Maplewood, NJ 07040.

o I have enclosed a check in the amount of \$\_\_\_\_\_.

o Please charge my (Circle one) Visa MasterCard or Discover in the amount of \$\_\_\_\_\_ and deduct the balance from my card on June 1, 2010. Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

CALL NOW TO RESERVE YOUR PLACE 973-992-3034

We're looking forward to having you as part of the PTW Summer Broadway Showcase 2010!