

REGISTRATION FORM Winter '06

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 # _____ Company _____

Father's Name _____ E-Mail _____

Work # _____ Company _____

CLASS SELECTION

<u>Winter Program</u>	<input checked="" type="checkbox"/> Class Selections	x Fee	= SubTotal
Weekday Classes	Dance for Actors <input type="checkbox"/> Tues 4pm <input type="checkbox"/> Wed 4pm Theatre Games <input type="checkbox"/> Tues 5pm <input type="checkbox"/> Wed 5pm Improv <input type="checkbox"/> Tues 5pm <input type="checkbox"/> Wed 5pm	\$125	
Little Theatre Classes	Pretheatre <input type="checkbox"/> Tues 3pm <input type="checkbox"/> Wed 3pm <input type="checkbox"/> Sat 10am Theatre Skills <input type="checkbox"/> Tues 4pm <input type="checkbox"/> Wed 4pm <input type="checkbox"/> Sat 11am	\$125	
Saturday Workshops	Auditions <input type="checkbox"/> Sat Jan21 2pm Theatre Design <input type="checkbox"/> Sat Feb4 2pm Theatre Games <input type="checkbox"/> Jan28 Sat 2pm Rockin' Out <input type="checkbox"/> Sat Feb11 2pm	\$95	
Saturday Conservatory	Round Robin Musical Theatre <input type="checkbox"/> Sat 10am-1pm	\$375	
Tax-Deductible donation (thank you!)			
TOTAL DUE ENCLOSED (Full Amount due December 30)			

PAYMENT OPTIONS

Please make all checks payable to The Play Group Theatre

Or circle one: MASTER CARD VISA

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 December 30, 2005.

Card Number _____ Exp. Date _____ Security Code _____
By signature

Signature _____ \$ Amount _____

POLICIES

CLASSES

- Classes are enrolled on a first come, first serve basis and will close when the maximum number of students are enrolled.
- A waiting list will be kept for closed classes until the first week of classes.
- Classes must meet minimum number of registered students.
- There is no pro-rating for missed classes. There are no makeup classes.

PAYMENT

- Financial Aid is Available. Please call for a scholarship application.
- Refund Policy for Classes: A full refund will be granted prior to December 20 excluding \$25 registration fee. A 50% refund will be granted prior to January 17. Absolutely no refunds will be granted after January 17.
*Little Theatre Classes Only: A prorated refund will be granted through January 23.

PGT reserves the right to cancel or change dates, shows, times, locations and/or directors and teachers of all programs offered.

PLEASE SEND THIS FORM, ALONG WITH YOUR PAYMENT TO:

The Play Group Theatre
200 Hamilton Ave, Ste 4B
White Plains, NY 10601

FAX credit card orders to 914-946-1336
CALL with questions to 914-946-4433

For Office Use Only:

Date Rec'd _____
Payment 1 _____
L ____ BP ____ QB ____ CC ____