

REGISTRATION FORM Spring '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 _____

ACTOR TRAINING PROGRAM

| | | |
|--|--|---------------|
| <p>For ATP Students only: Class preferences will be selected at your audition. (See page 7.) You do not need to fill out class selections below</p> | 2006 SPRING ACTOR TRAINING PROGRAM | \$1150 |
| | Discount (second sibling -\$150 for each additional child after first) | |
| | Tax-Deductible donation (thank you!) | |
| | TOTAL DUE | |
| | Enclosed Full Payment or Deposit (50% minimum - January 5) | |
| | Balance (postdated check enclosed or credit card payment - due January 19) | |
| AUDITION APPOINTMENT*: | Preferred Audition Date (Tue. 1/24, Wed. 1/25, Thur. 1/26 or Mon. 1/30) | |
| | Preferred Audition Time (6-7pm, 7-8pm or 8-9pm) | |

*We do our best to accommodate your preferred time. An Audition Appointment Confirmation Letter will be sent to you, letting you know the specific time and date of your audition

CLASS SELECTION

| Class Selections | Class Title | Day | Time | x Fee | = SubTotal |
|--|--|-------|-------|--------------------------------------|------------|
| Core and Conservatory Weekday Classes with a \$75 discount for each additional class after the first | 1. _____ | _____ | _____ | \$250 | |
| | 2. _____ | _____ | _____ | \$175 | |
| | 3. _____ | _____ | _____ | \$175 | |
| Little Theatre Classes with a \$75 discount for each additional class after the first | 1. _____ | _____ | _____ | \$250 | |
| | 2. _____ | _____ | _____ | \$175 | |
| Saturday Morning Classes with a \$75 discount for each additional class after the first | 1. _____ | _____ | _____ | \$250 | |
| | 2. _____ | _____ | _____ | \$175 | |
| | <input type="checkbox"/> All three Saturday Morning Classes | | | \$600 | |
| Saturday Afternoon Lab and Workshop | <input type="checkbox"/> Performance Workshop <input type="checkbox"/> Theatre Lab | | | \$600 | |
| | <input type="checkbox"/> Full day Saturday | | | \$1125 | |
| | | | | Tax-Deductible donation (thank you!) | |
| TOTAL DUE ENCLOSED (Full Amount due December 30) | | | | | |

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 (NOTE: you now need to include the security code on the rear of the card by your signature)
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 19, 2006.

Card Number _____ Exp. Date _____ Security Code _____

Signature _____ \$ Amount _____

PLEASE SEND THIS FORM, ALONG WITH YOUR PAYMENT TO: PGTheatre
200 Hamilton Ave, Suite 4B
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 _____

Website