

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

| | | | |
|------------------|-------|--|-----------------|
| Student's Name | _____ | Gender | _____ |
| Student's Age | _____ | Birth Date | ____/____/____ |
| Street Address | _____ | | |
| City | _____ | State | _____ Zip _____ |
| Home Phone # | _____ | Fax # | _____ |
| Student's E-Mail | _____ | Would you like to receive PGT e-mail updates? Yes No | |
| Parent 1 Name | _____ | E-Mail | _____ |
| Work # | _____ | Cell # | _____ |
| Company | _____ | Occupation | _____ |
| Parent 2 Name | _____ | E-Mail | _____ |
| Work # | _____ | Cell # | _____ |
| Company | _____ | Occupation | _____ |

For ATP Students only:

Class preferences will be selected at your audition. You do not need to fill out class selections below

2009 FALL ACTOR TRAINING PROGRAM

\$1250

Discount (second sibling -\$150 for each additional child after first)

TOTAL DUE

Enclosed Full Payment or Deposit (50% minimum) - FULL PAYMENT ONLY after Sept. 16

Balance (postdated check enclosed or credit card payment - payable September 16)

AUDITION APPOINTMENT*:

Preferred Audition Date (Mon. 9/14, Tue. 9/15, Wed. 9/16, Thur. 9/17)

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

NEW! PGT KIDS SHOW
No audition necessary

Request your preferred rehearsal day. See schedule for this season's options.

| | | |
|---------------|-------|-------|
| | Day | Time |
| First Choice | _____ | 4-6pm |
| Second Choice | _____ | 4-6pm |

\$750

TOTAL DUE ENCLOSED (Full Amount due upon registration)

Class Selections

Core and Conservatory Weekday Classes
with a \$75 discount for each additional class after the first

| Class Title | Day | Time | Fee | SubTotal |
|-------------|-------|-------|-------|----------|
| 1. _____ | _____ | _____ | \$250 | |
| 2. _____ | _____ | _____ | \$175 | |

Little Theatre Classes
with a \$75 discount for each additional class after the first

Please fill out your preferred class days

| | | |
|---------------|-------|-------|
| | Day | Time |
| First Choice | _____ | _____ |
| Second Choice | _____ | _____ |

\$250

TOTAL DUE ENCLOSED (Full Amount due upon registration)

By submitting registration, you agree to PGT's program and payment policies. Review current policies at policy.playgroup.org

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 you 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 September 16, 2009.

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

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 _____

REGISTRATION FORM Fall 09