

# REGISTRATION FORM SPRING 2010

## STUDENT & FAMILY INFORMATION

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

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	_____

## MAINSTAGE

MAINSTAGE SHOW	Program Title	Days and Times vary	Fee	SubTotal
By audition	<input type="checkbox"/> <b>SPRING 2010 MAINSTAGE PROGRAM</b>		\$1250	
	Discount (for each additional sibling after first) if applicable		-\$150	
<b>TOTAL DUE</b> (Enclose Full Amount or 50% Deposit with additional balance payable January 16, 2010)				
Audition appointment*	Preferred Audition Date (Tues. 1/26, Wed. 1/27, Tues. 2/2)			
	Preferred Audition Time (6-7pm, 7-8pm or 8-9pm)			

\*We will try to accommodate your audition appointment preferences. An Audition Appointment Confirmation will specify the time and date of your audition

## STUDIOSTAGE

STUDIOSTAGE SHOW	Program Title	Days	Times	Fee	SubTotal
No audition necessary	<input type="checkbox"/> <b>TEEN CONSERVATORY</b> (ages 14-17)	<b>WED.</b>	4-6pm	\$750	
	<input type="checkbox"/> <b>YOUNG ACTORS' ENSEMBLE</b> (ages 11-13)	<b>TUES.</b>	4-6pm		
	<input type="checkbox"/> <b>PGT KIDS</b> (ages 7-10)	<b>MON.</b>	4-6pm		
	<input type="checkbox"/> <b>PGT KIDS</b> (ages 7-10)	<b>THUR.</b>	4-6pm		
<b>TOTAL DUE ENCLOSED</b> (Full Amount due upon registration)					

## CLASSES

CLASSES	Class Title	Day	Time	Fee	SubTotal
Core Classes and Little Theatre	1. _____	_____	_____	\$250	
	2. _____	_____	_____	\$175	
<b>TOTAL DUE ENCLOSED</b> (Full Amount due upon registration)					

## PAYMENT OPTIONS

By submitting registration, you agree to PGT's program and payment policies. Review current policies at [policy.playgroup.org](http://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 January 16, 2010.

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**  
One North Broadway, Suite 111  
White Plains, NY 10601

### For Office Use Only:

Date Rec'd \_\_\_\_\_  
Payment 1 \_\_\_\_\_  
Payment 2 \_\_\_\_\_  
QB \_\_\_\_\_ L \_\_\_\_\_  
CC \_\_\_\_\_ Conf \_\_\_\_\_