

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

Student's Name	_____		
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	
Mother's Name	_____	E-Mail	_____
Work #	_____	Cell #	_____
Company	_____	Occupation	_____
Father's Name	_____	E-Mail	_____
Work #	_____	Cell #	_____
Company	_____	Occupation	_____

SUMMER PROGRAM	Fee
<b>FULL SESSION:</b> (July 6-August 14) <i>please check one</i>	
<input type="checkbox"/> 6 WEEK TEEN CONSERVATORY (ages 14-17)	\$2,995
<input type="checkbox"/> 6 WEEK YOUNG ACTORS' ENSEMBLE (ages 11-13)	\$2,995
<input type="checkbox"/> 6 WEEK PGT KIDS (ages 7-10)	\$2,995
<input type="checkbox"/> 6 WEEK LITTLE THEATRE (ages 4-6) (ends August 13)	\$1,395
<b>FIRST SESSION:</b> (July 6-July 24) <i>please check one</i>	
<input type="checkbox"/> 3 WEEK TEEN CONSERVATORY (ages 14-17)	\$1,795
<input type="checkbox"/> 3 WEEK YOUNG ACTORS' ENSEMBLE (ages 11-13)	\$1,795
<input type="checkbox"/> 3 WEEK PGT KIDS (ages 7-10)	\$1,795
<input type="checkbox"/> 3 WEEK LITTLE THEATRE (ages 4-6) (ends July 23)	\$ 795
<b>SECOND SESSION:</b> (July 27-August 14) <i>please check one</i>	
<input type="checkbox"/> 3 WEEK TEEN CONSERVATORY (ages 14-17)	\$1,795
<input type="checkbox"/> 3 WEEK YOUNG ACTORS' ENSEMBLE (ages 11-13)	\$1,795
<input type="checkbox"/> 3 WEEK PGT KIDS (ages 7-10)	\$1,795
<input type="checkbox"/> 3 WEEK LITTLE THEATRE (ages 4-6) (ends August 13)	\$ 795
<input type="checkbox"/> IMPROV WEEK - ONE WEEK WORKSHOP (ages 10-17) (July 27-31)	\$ 595
Sibling Discount (-\$150 for each additional child after the first)	
Tax-Deductible donation (thank you!)	
<b>TOTAL DUE</b>	
Enclosed Deposit (50% minimum)	
Balance (postdated check enclosed or credit card payment - full payment due after March 1, 2009)	

- AUDITIONS:** · All students, with the exception of Little Theatre, PGT Kids and Improv Week, are required to audition.  
· Registered students will be contacted to schedule their 10-minute audition appointment.
- PAYMENT:** · Financial Aid may be available. Please call for a scholarship application.  
· If paying by credit card, the balance of your deposit will be automatically charged to the same card on or after March 1, 2009.  
· If paying by check, a postdated check for the balance must be included with your deposit and registration, dated March 1, 2009.
- Refund Policy: A FULL tuition refund will be granted prior to March 1, 2009 minus \$250 non-refundable deposit.  
A 75% tuition refund will be granted prior to May 1, 2009.  
A 50% tuition refund will be granted prior to July 1, 2009. No refunds will be granted after July 1, 2009.

\*Additional fee may apply for trips. Details to follow closer to the start of the program.

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

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 your 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 March 1, 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**

**The 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 Summer '09