



Spring 2016

PLEASE COMPLETE AND RETURN
REGISTRATION FORM TO:

We are planning to do our biennial production of
Joseph and the Amazing Technicolor Dreamcoat

MARY D'AMICO, DIRECTOR

**A nonrefundable \$100
deposit is due with
registration**

P.O Box 624
Wynantskill, NY 12198
(518) 478-5326
Classes held at 1915 5th
Avenue in Downtown
Troy

CENTER STAGE (Includes Classes and Show) --\$450.00
Classes run from February 27 - May 7,
Back Stage (Classes only)-----\$300.00
NO CLASSES MARCH 27TH

TENTATIVE SHOW DATES: MAY 6,7,8

\$100 Non-Refundable deposit is due with tuition. Remainder due by March 1, 2016

STUDENT'S NAME _____ AGE _____

DATE OF BIRTH ___ / ___ / ___ SCHOOL _____ CURRENT GRADE _____

PARENT'S NAME _____ PARENT'S EMAIL _____

STREET ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

IT IS IMPORTANT TO THE ENTIRE CAST AND STAFF THAT THE STUDENT PARTICIPATES IN ALL WEEKS OF THE PROGRAM. If you are aware of any days that your child will not be able to attend the program, please list them below:

IF YOU BECOME AWARE OF ANY NECESSARY ABSENCES, PLEASE INFORM US BY EMAIL AT BESTYAGEVER@GMAIL.COM. IF A STUDENT MISSES 3 REHEARSALS THEY WILL NOT BE ABLE TO PARTICIPATE IN THE PRODUCTION.

IN CASE OF AN EMERGENCY:

CONTACT _____

PHONE _____

FAMILY DOCTOR _____

DOCTOR'S ADDRESS _____

List all allergies _____

List all medications being taken _____

List all medical problems of which we should be made aware _____

I give permission to Young Actors Guild staff to consent to medical treatment/healthcare services without limitation, on behalf of my/our child/children in my/our stead as may be deemed necessary, proper or prudent in the discretion of said agent, employee and/or chaperone.

Insurance Provider _____ ID# _____