

BROADWAY BOUND WITH YPA SARATOGA REGION INDIVIDUAL REGISTRATION FORM



BELIEVING IN THE POWER OF THEATRE

Please read, sign and fill out the information on the following
TWO pages and email to:
youngperformersofamerica@gmail.com
Registration confirmation will be emailed within 24-48 hours

Name of YPA Participant: _____
Age: _____
Grade: _____
School/Organization you attend: _____
Contact Name and email address of director: _____
Home Street Address: _____

Contact Phone Number: () _____
Email: _____

CONFERENCE FEE: \$195.00
(FULL FEE MUST BE PAID AT TIME OF REGISTRATION)

PAYMENT BY CREDIT CARD:

VISA ___ **MASTERCARD:** ___

#: _____ **EXP. DATE:** _____ **SEC. 3 DIGIT #:** _____

AMOUNT AUTHORIZED TO CHARGE: _____

Name/Address on Credit Card if different then above:

Name: _____

Street Address: _____

City/State: _____

Zip Code: _____

I will be paying by check:

Check #: _____

(Please make checks payable to Young Performers of America and mail to:

Young Performers of America

4231 Transit Road

Williamsville, New York 14221

(I understand that registration will not be processed until check has been received via USPS and will be notified by YPA via email when received)



BELIEVING IN THE POWER OF THEATRE

_____ I WILL BE PERFORMING MUSICAL MATERIAL FOR ADJUDICATION

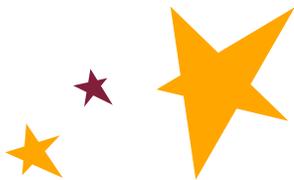
I understand that I must provide my own background tracks and can only perform one solo number as well as a group number if applicable. Solo numbers cannot exceed :60 seconds.

Solo Performance Number: _____

Group Performance Number: _____

_____ I WILL NOT BE PERFORMING MATERIAL FOR ADJUDICATION

T-SHIRT SIZE:



_____ **YOUTH SMALL**

_____ **YOUTH MEDIUM**

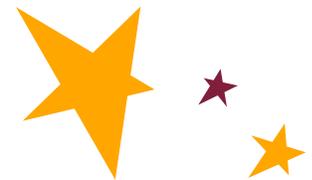
_____ **YOUTH LARGE**

_____ **ADULT SMALL**

_____ **ADULT MEDIUM**

_____ **ADULT LARGE**

_____ **ADULT XLARGE**



PERFORMER CONSENT: I also understand that I am legally responsible to pay for the total number given above and absolutely no refunds will be provided by Young Performers of America. I further understand that an adjudicator cannot be guaranteed because of illness or professional conflict, but will be replaced with an adjudicator of likewise professional standing. I understand that YPA takes full responsibility to provide venue scheduled during the YPA Experience. I understand that any and all marketing to take place for said event must include the name and logo of Young Performers of America (YPA), and I accept the responsibility of reading and following all information communicated by Young Performers of America. I understand that all communications with Young Performers of America (YPA) must be conducted through YPA National Educational Director and I cannot contact Broadway Adjudicators/Teaching Artists personally. I realize that the YPA creative team is continually performing and creating on a professional basis and their schedules are extremely demanding, therefore I accept full professional responsibility to answer all communications in a timely manner of 24-48 hours. I further accept all responsibility of any potential risk associated with those participating in an adjudication or master class, and affirm that I have and will take full responsibility for and provide proper health insurance of my participation protection. I furthermore take full responsibility for emergency medical treatment if required and YPA has no legal responsibility for any event related injuries. I hereby grant permission to be photographed by Young Performers of America for publicity and/or production purposes.

PERFORMER SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____

**PLEASE EMAIL YOUNGPERFORMERSOFAMERICA@GMAIL.COM
WITH ANY QUESTIONS OR CALL 866-810- 0551**