



MUSICAL THEATRE

SESSION 1

JULY 10 - 20, 2017

Ages 8 - 12

Monday - Thursday, 10:00a.m. - 4:00 p.m.

Student's Name: _____ Age: _____

Parent's/Guardian's Name: _____

Address: _____

Telephone: _____

E-mail: _____

REGISTRATION FEE: \$380

If paying by check or with cash, there is a \$10 discount and the Registration Fee is only \$370.

PAYMENT METHOD:

_____ Check - Please make checks payable to **WAY OFF BROADWAY** and mail, with this form, to the address below.

_____ Cash

_____ Credit Card - If paying with a credit card, please stop by the theatre with this form in person.
Credit Card payments for Summer Camp CANNOT be taken over the phone.

I authorize **WAY OFF BROADWAY** to accept payment in the amount of \$ _____ and to register

_____ for the Children's Theatre Summer
Camp.

I understand and agree that once the transaction has been processed, the registration will be considered complete and final and cannot be cancelled; and by signing this form, I agree and accept all terms and conditions and understand no refunds will be given if my student does not attend.

Parent/Guardian Signature

Date