

MUSIC BOX THEATRE ACADEMY 2018 REGISTRATION FORM: "XANADU"

Name _____ Birthdate _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Circle One: Female Male School _____

Shirt Size: _____ Youth or Adult Size _____ Pant Size _____ Shoe Size _____

Mother/ Father/ Guardian

Name _____

Address (if different from above) _____

City _____ State _____ Zip _____

Cell/Home Phone _____ Email Address _____

Student Medical Information

Medical Information (Allergies and other important info) _____

In Case Of Emergency, Please contact:

Primary Contact _____ Relationship _____ Phone Number _____

Secondary Contact _____ Relationship _____ Phone Number _____

Payment Information : \$150 per child: Make checks payable to The Music Box Players.

\$ Amount Enclosed _____ Cash Check Credit Card

Card Number _____ Exp Date: _____ Security Code: _____ Billing Zip Code _____

My child has permission to participate in The Music Box Musical Theatre Workshop 2018. The Music Box has the right to use photos of my child to promote the workshop/ show. Photos will be from both rehearsal and performances. I understand that in the event of an emergency, every effort will be made to contact the people above, but The Music Box reserves the right to exercise judgment in calling 911 in the case of an emergency.

THERE ARE NO REFUNDS ONCE STUDENT ATTENDS AND COMPLETES SECOND WORKSHOP SESSION

Parent's Signature _____ Date _____

(Please return this form along with payment to The Music Box, 196 Hughes Street, Swoyersville, PA 18704)