

# 2010 Spring Enrollment Form



## Student Information

Student Name: _____	Age: _____	Grade: _____	School: _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female		

## Parent/Guardian Information

Parent/Guardian Name (1): _____	Parent/Guardian Name (2): _____
Address: _____	Address: _____
City, State & Zip: _____	City, State & Zip: _____
Home Phone: _____ Work Phone: _____	Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____	Cell Phone: _____ Email: _____

## Winter Classes (check those that apply)

<input type="checkbox"/> <b>Dramatic Adventures Class Fee: \$250</b> <ul style="list-style-type: none"><li>• For K &amp; 1st Graders</li><li>• Wednesdays, 3:30pm - 4:30pm (10 classes)</li><li>• Dates: 3/24, 3/31, 4/7, 4/21, 4/28, 5/5, 5/12, 5/19, 5/26, 6/2</li></ul>	<input type="checkbox"/> <b>Whose Line?! Class Fee: \$250</b> <ul style="list-style-type: none"><li>• For 6<sup>th</sup>, 7<sup>th</sup>, &amp; 8<sup>th</sup> Graders</li><li>• Tuesdays, 5:00pm – 6:00pm (10 classes)</li><li>• Dates: 3/23, 3/30, 4/6, 4/20, 4/27, 5/4, 5/11, 5/18, 5/25, 6/1</li></ul>
<input type="checkbox"/> <b>Creative Drama Class Fee: \$250</b> <ul style="list-style-type: none"><li>• For 2<sup>nd</sup> &amp; 3<sup>rd</sup> Graders</li><li>• Wednesdays, 5:00pm – 6:00pm (10 classes)</li><li>• Dates: 3/24, 3/31, 4/7, 4/21, 4/28, 5/5, 5/12, 5/19, 5/26, 6/2</li></ul>	<input type="checkbox"/> <b>Comedy Workshop Workshop Fee: \$75</b> <ul style="list-style-type: none"><li>• For Ages 15 to 20</li><li>• Saturday, April 24, 12:00 – 4:00pm (1-Day Workshop)</li></ul>
<input type="checkbox"/> <b>Acting Out! Class Fee: \$250</b> <ul style="list-style-type: none"><li>• For 4<sup>th</sup> &amp; 5<sup>th</sup> Graders</li><li>• Tuesdays, 3:30pm – 4:30pm (10 classes)</li><li>• Dates: 3/23, 3/30, 4/6, 4/20, 4/27, 5/4, 5/11, 5/18, 5/25, 6/1</li></ul>	<b>Total Fee: _____</b>

## Payment Information

<input type="checkbox"/> Check Enclosed (payable to <b>142 Throckmorton Theatre</b> ) Mail enrollment form and payment to: <b>142 Throckmorton Theatre</b> <b>Marin Youth Performers</b> <b>P.O. Box 1058</b> <b>Mill Valley, CA 94942</b>	<input type="checkbox"/> Charge my MasterCard/VISA
Credit Card Number: _____	Exp. Date: _____ 3-digit Security Code: _____
Cardholder's Name: _____	Billing Zipcode: _____
Cardholder's Signature: _____	Date: _____
How did you hear about our classes? _____	

By enrolling my child above, I hereby agree to indemnify and hold harmless 142 Throckmorton Theatre and its officers and employees from and against any and all liabilities for any injury which may be suffered by me or my child arising out of or in any way connected with participation in the program noted above. In case of an emergency, my child may be treated by a qualified physician. I give permission to use my or my child's photograph in 142 Throckmorton Theatre's brochures or publicity.

Contact Adam Saville at [adam@142ThrockmortonTheatre.org](mailto:adam@142ThrockmortonTheatre.org) or call 415-383-9613 for more information.