

2009-2010 Winter 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"/> Dramatic Adventures Class Fee: \$225 <ul style="list-style-type: none">• For K & 1st Graders• Wednesdays, 3:30pm - 4:30pm (9 classes)• Dates: 12/2, 12/9, 12/16, 1/6, 1/13, 1/20, 1/27, 2/3, 2/10	<input type="checkbox"/> Acting Out! Class Fee: \$225 <ul style="list-style-type: none">• For 4th & 5th Graders• Wednesdays, 5:00pm – 6:00pm (9 classes)• Dates: 12/2, 12/9, 12/16, 1/6, 1/13, 1/20, 1/27, 2/3, 2/10
<input type="checkbox"/> Creative Drama Class Fee: \$225 <ul style="list-style-type: none">• For 2nd & 3rd Graders• Tuesdays, 3:30pm - 4:30pm (9 classes)• Dates: 12/1, 12/8, 12/15, 1/5, 1/12, 1/19, 1/26, 2/2, 2/9	<input type="checkbox"/> All the World's a Stage Class Fee: \$225 <ul style="list-style-type: none">• For 6th, 7th, & 8th Graders• Tuesdays, 5:00pm – 6:00pm (9 classes)• Dates: 12/1, 12/8, 12/15, 1/5, 1/12, 1/19, 1/26, 2/2, 2/9
Total Fee: _____	

Payment Information

<input type="checkbox"/> Check Enclosed (payable to 142 Throckmorton Theatre)	<input type="checkbox"/> Charge my MasterCard/VISA
Mail enrollment form and payment to: 142 Throckmorton Theatre Marin Youth Performers P.O. Box 1058 Mill Valley, CA 94942	
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 signing 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 or call 415-383-9613 for more information.