

# REGISTRATION FORM

Print and fill out the registration form; please use one form per child.

Mail registrations to: Saltworks Theatre Co., 569 N. Neville St., Pittsburgh, PA 15213

Make checks payable to **Saltworks Theatre Company**.

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Gender  M  F

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

<u>Class Title</u>	<u>Fee</u>	<u>Amount</u>
Imagination Unleashed <input type="checkbox"/> Ascension <input type="checkbox"/> CCGF	Cost: \$80	\$_____
Be Scene Be Heard <input type="checkbox"/> Ascension <input type="checkbox"/> CCGF	Cost: \$120	\$_____
Young Actor's Ensemble <input type="checkbox"/> Ascension <input type="checkbox"/> CCGF	Cost: \$200	\$_____
TOTAL CLASS FEES		\$_____
10% Discount for <b>2<sup>nd</sup> child</b> , same family		\$_____
Tax deductible donation to the Scholarship Fund		\$_____
TOTAL PAYMENT ENCLOSED		\$_____

Check # \_\_\_\_\_ Payable to "Saltworks Theatre Co."

Call Dale at 412-621-6150 x-207 for more information.

Please read the following waiver and sign if you agree.

I understand that publicity photos and/or video will be taken during the classes. I give my permission for my child to appear in future promotional material for Saltworks Theatre Company without restrictions or compensation.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_