



Summer 2007 Registration

Participant's Name _____ circle: M F

Age _____ Date of Birth _____ Grade (Fall 2007) _____

Please provide the information below for the parent/guardian with whom the under-18 participant resides.

Parent/Guardian _____

Street Address _____

City/State/Zip _____

Home Phone _____ Alt. Phone _____

Email _____

I wish to register for the following summer program(s): (circle all that apply)

SUMMER DESTINATIONS

Session 1: June 18 – June 22, \$210

Session 5 : July 16 – July 20, \$210

Session 2: June 25 – June 29, \$210

Session 6 : July 23 – July 27, \$210

Session 3 : July 2 – July 6 (no class July 4), \$180

Session 7: July 30 – August 3, \$210

Session 4: July 9 – July 13, \$210

Session 8: August 6 – August 10, \$210

Session 9: August 13 – August 17, \$210

_____ Tuition Fees (this section)

_____ Minus \$25/session for 3rd session and up if registering for more than two (no tuition discount for Session 3)

_____ Total Fees Due (this section)

IMPROVISATION

Session 1: June 18 – June 29, \$425

Session 2: July 23 – August 3, \$425

IMPROV BREAK

Session 1: July 2 – July 6 (no class July 4), \$180

Session 2: August 13 – August 17, \$210

THEATRE ADVENTURES: Swordplay and Sunken Treasure

Session Dates: July 9 – July 20, \$425

THEATRE ADVENTURES: Myth and Magic

Session Dates: August 6 – August 10, \$210

TIME TRAVELS THROUGH THEATRE

Session Dates: July 9 – July 20, \$425

ACTING FOR THE STAGE

Session Dates: July 23 – August 3, \$425

_____ Tuition Fees (this section)

_____ Minus \$25/session for 2nd session and up if registering for more than one.

_____ Total Fees Due (this section)

ACTOR'S LAB

Session Dates: June 25 – June 29, \$250

MUSICAL THEATRE

Session Dates: July 9 – July 27, \$475

IMPROVISATION

Session Dates: July 30 – August 3, \$250

_____ Tuition Fees (this section)

_____ Minus \$25 if registering for both

_____ Total Fees Due (this section)

ACTOR'S CRAFT

Session Dates: Tuesdays and Thursdays July 10 – August 9, \$300

_____ Tuition Fees (this section)

EZ Care		
Unlimited Before Care at \$40 per week For _____ weeks	Unlimited After Care at \$80 per week For _____ weeks	Unlimited Before and After Care For _____ weeks

Payment

Check/Money Order # _____ (made payable to Round House Theatre)

Credit Card (Visa, Mastercard, American Express or Discover)

Card No. _____ Exp. Date _____

Signature _____ Name on Card _____

Total Tuition Fees \$ _____ + Total EZ care Fees \$ _____ = TOTAL \$ _____ (Minus \$25 if registered by March 1st)

I have read, understood, and agree to be bound by the policies listed.

Signature _____ Date _____ Please circle: Parent Guardian Adult Participant