

**THEATRE ALBANY'S**

**Summer Youth Workshop 2011 Enrollment Form**

*Fill out registration form and mail with payment to: Theatre Albany-SYW / P.O. Box 552 / Albany, Ga. 31702. Payment is due no later than the 1<sup>st</sup> day of class. (No refunds after the 2<sup>nd</sup> day). Any questions, contact Mark Costello at the theatre (229) 439-7193.*

- **Dates:** June 6—10
- **Times:** 9 a.m. to 1 p.m.
- **Ages:** 7 to 18 years of age
- **Cost:** \$150 (10% discount for 2 or more siblings)

1<sup>st</sup> CHILD: \_\_\_\_\_ Age: \_\_\_\_\_

2<sup>nd</sup> CHILD: \_\_\_\_\_ Age: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (Work or Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

In case of an emergency, contact: (other than the above)

NAME: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Amount Paid: \_\_\_\_\_  Check  Credit Card  Cash

VISA or MasterCard Only information below:

Credit Card#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Names (as it appears on card) (print) \_\_\_\_\_

Credit Card signature: \_\_\_\_\_