

THEATRE ALBANY'S
Summer Youth Workshop 2010 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 1st day of class. (No refunds after the 2nd day). Any questions, contact Mark Costello at the theatre (229) 439-7193.

- **Dates:** June 7—11
- **Times:** 9 a.m. to 1 p.m.
- **Ages:** 7 to 18 years of age
- **Cost:** \$150 (10% discount for 2 or more siblings)

1st CHILD: _____ **Age:** _____

2nd 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: _____