REGISTRATION FORM Fall 2005

STUDENT and FAMILY INFORMATION

Please use one Registration Form per student. Please print all information.

Student's Name _____

Student's Age _____ **Birth Date** ____/____/____ **Current Grade** _____

Street Address _____

City _____ **State** _____ **Zip** _____

Home Phone # _____ **Fax #** _____

Student's E-Mail _____ **Would you like to receive PGT e-mail updates? Yes No**

Mother's Name _____ **E-Mail** _____

Work # _____ **Cell #** _____

Company _____ **Occupation** _____

Father's Name _____ **E-Mail** _____

Work # _____ **Cell #** _____

Company _____ **Occupation** _____

ACTOR TRAINING STUDENTS ONLY

For ATP Students:
Class preferences will be selected at your audition.
(See page 7.)

	Fee
2005 FALL ACTOR TRAINING PROGRAM	**$1150**
Discount *(second sibling -$150 for each additional child after first)*	
Tax-Deductible donation *(thank you!)*	
TOTAL DUE	
Enclosed Full Payment or Deposit *(50% minimum - September 2)*	
Balance *(postdated check enclosed or credit card payment - due September 14)*	

AUDITION APPOINTMENT*:

Preferred Audition Date *(Wed. 9/7, Thurs. 9/8, Mon. 9/12 or Tue. 9/13)*	
Preferred Audition Time (*6-7pm, 7-8pm or 8-9pm)*	

NEW PARENT ORIENTATION*: New Parent Orientation *Mon. 9/19, 8-9pm*

**We do our best to accommodate your preferred time. An Audition Appointment Confirmation Letter will be sent to you, letting you know the specific time and date of your audition*

CLASS ONLY STUDENTS

Select 1st, 2nd & 3rd Class Preferences:
Class Tuition:
Monday-Thursday Classes $250.
Saturday Classes $250.
Theatre Lab $600.
Performance Workshop $600.

	Class Code	Class Title	Fee
1			
2			
3			
Discount *(second class -$75 for each class after first)*			
Tax-Deductible donation *(thank you!)*			
TOTAL DUE ENCLOSED *(Full Amount due September 23)*			

See next page for Class & Payment Policies.
Please complete Volunteer Form on backside of Registration Form prior to returning to PGT office.

PAYMENT OPTIONS

Please pay by check or complete credit card information below. Payment by check preferred.
Please make all checks payable to The Play Group Theatre

Or circle one: MASTER CARD VISA (NOTE: you now need to include the security code on the rear of the card by your signature)
I authorize the following charge to be made to my credit card. In addition, I authorize payment of any balance owed to be charged to the same card, on or after September 14, 2005.

Card Number _____ Exp. Date _____ Security Code _____

Signature _____ $ Amount _____

PLEASE SEND THIS FORM, ALONG WITH YOUR PAYMENT TO:

PGTheatre
200 Hamilton Ave, Suite 4B
White Plains, NY 10601

FAX credit card orders to 914-946-1336

For Office Use Only:
Date Rec'd _____
Payment 1 _____
Payment 2 _____
QB _____ L _____ _____
CC _____ Conf ____ _____

Website

POLICIES

CLASSES

- Classes are enrolled on a first come, first serve basis and will close when the maximum number of students are enrolled.
- A waiting list will be kept for closed classes until the first week of classes.
- Classes must meet minimum number of registered students.
- There is no pro-rating for missed classes. There are no makeup classes.
- Class observation is permitted on the last class only.

PAYMENT

- Financial Aid is Available. Please call for a scholarship application.
- ATP Registrations: If paying by credit card, the balance of your deposit will be automatically charged to the same card on Sept. 19, 2005. If paying by check, a postdated check for the remaining balance must be included with your deposit and registration. Balance payment should be dated September 19, 2005.
- Refund Policy for Actor Training Program:
  A full refund will be granted prior to September 6.
  A 75% refund will be granted prior to September 14.
  A 50% refund will be granted prior to Septemebr 21.
  A 25% refund will be granted prior to September 28.
  Absolutely no refunds will be granted after September 28.
- Refund Policy for Class Only Students:
  A full refund will be granted prior to the first scheduled class.
  A 50% refund will be granted prior to the second scheduled class.
  A 25% refund will be granted prior to the third scheduled class.
  Absolutely no refunds will be granted after the third scheduled class.
  **Little Theatre Classes Only: A prorated refund will be granted through the third class*

PGT reserves the right to cancel or change dates, shows, times, locations and/or directors and teachers of all programs offered.

VOLUNTEER FORM

Please complete even if you have completed this form in a previous season

As a family of families, PGT relies on parent volunteers to help create a positive experience for all of our students. Each family will be asked to work at a performance of their child's show, selling tickets, ushering or selling concessions. We count on families to help in other areas as well, including set building and painting, costume design, sewing, props gathering, photography, and ad solicitation. Additionally, several parent committees have been formed to help with ongoing efforts, including fundraising, grant writing, publicity and event planning. We ask that you return the Volunteer Form along with your child's registration, indicating how you would like to be a part of PGT.

How would you like to help?

Name: _____ **Phone:** _____ home
_____ cell
Child's Name: _____ _____ work

Best time to call/& Number: _____
E-mail Address: _____

Available Volunteer Hours:
Days _____
Evenings _____
Weekends _____

Special Skills/Interests:
(Please check those categories for which you would be interested in volunteering.)

Photography	_____	Performance Volunteer Coordinator	_____
Set Building	_____		_____
Painting	_____	Ad Solicitation	_____
Costume Design	_____	Office Work (Mailings, etc.)	_____
Sewing	_____		_____
Props Gathering	_____	Making Phone Calls	_____

Committees:

Publicity	_____	Grant Writing	_____
Fundraising	_____	Kick-Off Event Planning	_____

Other: _____
_____
_____