



STAGE ONE THEATRE SCHOOL SPRING BREAK 2018 REGISTRATION FORM

PLEASE CIRCLE YOUR CLASS:

**SPRING BREAK
ACTING ADVENTURES
CLASS**
Ages 4-7
March 19-23, 2018
Half Day: 9am-12pm
Full Day: 9am-3pm
Valleyview Community Centre
\$250 plus GST
\$125 for half day option

**SPRING BREAK
ACTING ESSENTIALS
CLASS**
Ages 8-12
March 19-23, 2018
9am-3pm
The Old Courthouse
\$250 plus GST

**SPRING BREAK
TEEN WORKSHOP
WEEK**
Ages 13-19
March 19-23, 2018
9am-3pm
The Old Courthouse
\$250 plus GST

Please complete the registration form and return it with your payment (credit card or cheque made payable to Western Canada Theatre).
BY MAIL: Western Canada Theatre, Box 329, Kamloops, BC, V2C 5K9 **IN PERSON:** 1025 Lorne Street, Kamloops

STUDENT'S NAME: _____

DOB: _____ (M) _____ (D) _____ (Y) AGE: _____ FEMALE: _____ MALE: _____

PARENT'S NAME: _____

ADDRESS: _____ CITY/TOWN: _____ POSTAL CODE: _____

PHONE: _____

EMAIL: _____ (H) _____ (W)

DOES THE STUDENT HAVE ALLERGIES? ____ (Y) ____ (N)

PLEASE DESCRIBE REACTIONS & TREATMENTS:

IN ORDER TO BEST MEET THE INDIVIDUAL NEEDS OF THE STUDENT, PLEASE LET US KNOW ANY OTHER INFORMATION THAT WILL ENSURE YOUR CHILD HAS A GREAT TIME!

ACTING ADVENTURES CLASS

Ages 4-7 (March 19-23, 2018):

BASIC PRICE, FULL DAY: \$250

EARLY BIRD, FULL DAY: \$225 (register before March 5, 2018)

BASIC PRICE, HALF DAY: \$125 (no early bird option on half days) _____

ACTING ESSENTIALS CLASS

Ages 8-12 (March 19-23, 2018):

BASIC PRICE: \$250

EARLY BIRD: \$225 (register before March 5, 2018) _____

TEEN WORKSHOP WEEK

Ages 13-19 (March 19-23, 2018)

BASIC PRICE: \$250

EARLY BIRD: \$225 (register before March 5, 2018) _____

SUBTOTAL _____

PLUS GST (5%) _____

TOTAL _____

PAYMENT BY: Cash Cheque Visa Mastercard

CARDHOLDER NAME: _____ CARD #: _____

SIGNATURE: _____ CID# _____ EXPIRY DATE: _____ / _____

Need after-camp child care? Let us know! We have a great partnership with Rivercity Gymnastics!

RELEASE FORM

I DO DO NOT grant permission to Western Canada Theatre to take and to display any photographs, videos or recordings of me or my child taken during classes, camps, or workshops. I understand that WCT may use these images in print materials or on the website for marketing purposes only.

NAME OF STUDENT: _____ DATE: _____

SIGNATURE OF STUDENT: _____

SIGNATURE OF PARENT/GUARDIAN (if under age): _____

Classes are filled on a first-come first-served basis. For updated information about classes, please visit our website at www.wctlive.ca . For inquiries please contact Terri Runnalls at terri@wctlive.ca or call 250-372-3216 ext. 524.