



STAGE ONE THEATRE SCHOOL

SUMMER 2019 REGISTRATION FORM

Performance Class

Ages 10-18

July 15-27, 2019
9am-3pm daily
Week One: Pavilion Theatre
Week Two: TRU Actors Workshop Theatre

Performances: Friday, July 26 at 7pm and Saturday, July 27 at 2pm AND 7pm

\$460 plus GST
Early Bird Price!!! \$430 if registered by May 31, 2019

PLEASE NOTE:

- *Prior completion of a WCT Stage One Class is mandatory to take the **Performance Class**.
- *Additional costs may be incurred for costumes

STUDENT'S NAME: _____

DOB: ____ (M) ____ (D) ____ (Y) AGE: ____ T-SHIRT SIZE: ____

PARENT'S NAME: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PHONE: _____

EMAIL: _____

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

Please turn over to complete the form

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

IF YES, PLEASE DESCRIBE REACTION & TREATMENT:

IN ORDER TO BEST MEET THE INDIVIDUAL NEEDS OF THE STUDENT, PLEASE LET US KNOW ANYTHING ELSE THAT WE SHOULD BE AWARE OF:

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.

PERFORMANCE CLASS (July 15-27, 2019):

BASIC PRICE: \$460
Or **EARLY BIRD: \$430** _____
(if registered by May 31)

PLUS GST (5%) _____

TOTAL _____

PAYMENT BY: Cash Cheque Visa Mastercard

CARDHOLDER NAME: _____ CARD #: _____

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