

Fall 2023 Racine Children's Theatre Class Sign Up Form

One form per student

Student Name _____

Birthdate _____ Gender _____ Age _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Email _____ Home Phone _____

Work Phone _____ Cell Phone _____

By signing my initials, I give permission to the Racine Theatre Guild and their affiliates to use my child/guardian's image for publicity, advertising, social media, illustration, and web content purposes. _____

FALL CLASSES

Fairytale Players	Ages 6 - 9	<input type="checkbox"/> \$125
Dramalympics	Ages 10 - 14	<input type="checkbox"/> \$125
Broadway Bound	Ages 8 - 12	<input type="checkbox"/> \$125

Multi Class Discount # of Classes ____ x \$10 \$ - _____

TOTAL \$ _____

Note: Half of the fee is required with registration. The balance is due on the first day of class. If the minimum enrollment is not met, the class will be cancelled and deposit refunded.

Charge 50% Down-Payment Now/ Charge 50% Balance Later **Charge Full Amount**

Cash Check Amex MC/Visa Discover

Card # _____

Exp Date. _____ CCV Code _____

Signature _____

Return completed form to
Racine Theatre Guild
2519 Northwestern Ave.
Racine, WI 53404
262.633.4218

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FOR OFFICE USE ONLY

Down-Payment \$ _____ Date _____

Balance Due \$ _____ Date _____