

Winter 2024 Racine Children's Theatre Class Sign Up Form

One form per student

Student Name _____

Birthdate _____ Pronouns _____ Age _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Email _____ Home Phone _____

Work Phone _____ Cell Phone _____

Medical Needs/Allergies/Accommodations _____

Anything else the class instructor may need to know about your child? _____

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. _____

WINTER CLASSES

Fairytales and Fables

Ages 6 - 9

\$125

Broadway Bound

Ages 8 - 12

\$125

Dramalympics

Ages 10 - 14

\$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

FOR OFFICE USE ONLY

Down-Payment \$ _____ Date _____

Balance Due \$ _____ Date _____