



Olympic Theatre Arts CHILDREN'S THEATRE WORKSHOP

414 N. Sequim Avenue (mail to: PO Box 1474)
Sequim, WA 98382
(360) 683-7326
office@olympictheatrearts.org

REGISTRATION FORM, SUMMER 2018

Please use one application for each child.

Child's Name _____ AGE (at workshop) _____

Male ____ Female ____ Are you an OTA family member? Yes ____ No ____

ADVENTURES ON STAGE - WORKSHOP DATE: June 18–22, 2018
Time: 9:00 A.M.-3:00 P.M., Lunch included, snack cards available for purchase
Location: Olympic Theatre Arts Center, 414 N. Sequim Ave., Sequim, WA

Guardian Information:

Parent/Guardian #1 Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Day Phone: _____

Cell Phone _____ Email: _____

Parent/Guardian #2 Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Day Phone: _____

Cell Phone _____ Email: _____

Emergency Contact:

Name: (or same as above #): _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Day Phone: _____

Cell Phone: _____ Email: _____

Dietary Alerts and Preferences:

Food Allergies: _____

Any other concerns regarding meals & snacks: _____

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Registration Form Summer Workshop, 2018

Special Talents & Past Experience:

List previous performing arts experiences, special talents and/or interests:

PARTICIPATION RELEASE and PERMISSION TO TREAT

"I hereby certify that _____ (child's name) is in normal health and capable of safely participating in the Olympic Theatre Arts Children's Theatre Workshop. I assume all risks and hazards incidental to the conduct of this workshop and for the transportation to and from the workshop. I hereby authorize Olympic Theater Arts to obtain emergency medical treatment the above named child in the event that parents and /or emergency contact cannot be reached.

I give permission to Olympic Theatre Arts to use any photos or videos taken of the above named child for future publicity purposes.

Once your child is released from the workshop site, Olympic Theatre Arts is no longer responsible for him/her/them.

Signature of Guardian: _____ Date: _____

Printed Name: _____

WORK SHOP TUITION IS \$175 (\$150 for OTA Family Members)

Space is limited and will be granted on a first come first serve basis. To reserve your place please return completed registration form with payment in full to Olympic Theatre Arts (see mailing and physical addresses above)

YOU MAY USE ONE OF TWO PAYMENT OPTIONS:

By check, made payable to Olympic Theatre Arts
or by supplying credit card information below:

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV _____

AUTHORIZED AMOUNT: _____ NAME: _____

ADDRESS: _____
(Street Address or PO Box) (City) (State) (Zip Code)