



Olympic Theatre Arts CHILDREN'S THEATRE PROGRAM

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

REGISTRATION FORM MUSICAL THEATRE INTENSIVE FOR TEENS - 2019

Please use one application for each student.

Student's Name _____ AGE (at workshop) _____

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

How did you hear about this workshop? _____

WORKSHOP DATE: July 22–August 2, 2019

Time: 9:45 A.M. – 4:00 P.M., Lunch included.

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: _____

Olympic Theatre Arts
MUSICAL THEATRE INTENSIVE FOR TEENS

Registration Form Summer 2019

Special Talents & Past Experience, please answer with specifics:

Musical Instrument? _____ Acting Instruction? _____

Choral Group? _____ Read music? _____

Dance Instruction? _____ Grade Completed: _____

Performance Experience: _____

Favorite Songs: _____

If you had an upcoming audition next week, what would you do? Complete all that apply.

Sing a Song, if so what song? _____

Perform a Monologue, if so what type, dramatic or comedic? _____

Perform Physically (gymnastics, dance, etc.), _____

PARTICIPATION RELEASE and PERMISSION TO TREAT

I hereby certify that _____ (student's name) is in normal health and capable of safely participating in the Olympic Theatre Arts Musical Theatre Intensive for Teens. 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 for the above named student 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 student for future publicity purposes.

Signature of Guardian: _____ Date: _____

Printed Name: _____

WORKSHOP TUITION IS \$495 (\$450 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)

PAYMENT OPTIONS:

Cash, Check, made payable to Olympic Theatre Arts (OTA)
or supply credit card information below:

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV _____

AUTHORIZED AMOUNT: _____ NAME: _____

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