



Olympic Theatre Arts
CHILDREN'S THEATRE CLASSES

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

REGISTRATION FORM, FALL CLASSES 2019

September 10-November 12, 2019

Please use one application for each child.

Child's Name _____ AGE (first day) _____

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

JELLYBEANS, Introduction to Theatre
Tuesdays from 3:30 to 4:30 p.m.
Ages 4-8 with Lorra Cornetet

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: _____

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Registration Form Fall Jellybean Classes

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 Classes. I assume all risks and hazards incidental to the conduct of these classes and for the transportation to and from the theatre.

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 theatre site, Olympic Theatre Arts is no longer responsible for him/her/them.

Signature of Guardian: _____ Date: _____

Printed Name: _____

TUITION:

JELLYBEANS, Introduction to Theatre on Tuesdays ~ 1 hour: **\$80.00**
(\$75.00 OTA Family Members)

Space is limited and will be granted on a first come first served 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 THE FOLLOWING PAYMENT OPTIONS:

Cash, delivered to OTA Business manager
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)