



# 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, SPRING THEATRE WORKSHOP

Please use one application for each child.

Child's Name \_\_\_\_\_ AGE (at workshop) \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Are you an OTA family member? Yes \_\_\_\_ No \_\_\_\_

WORKSHOP: 'STAGE MAGIC!' with Bonne Smith & Sarah Tucker

DATES: March 30 – April 3, 2020

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: \_\_\_\_\_

Olympic Theatre Arts  
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Registration Form Spring Workshop

**Special Talents & Past Experience:**

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

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**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: \_\_\_\_\_

**WORKSHOP 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 THE FOLLOWING PAYMENT OPTIONS:**

Cash, delivered to the 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)