

STAGE HANDS

Performing Arts

REGISTRATION FORM - SUMMERSTAGES 2008

"The Carrie White Story"

First Name: _____ Last Name: _____

Parent(s) Names: _____

Gender: Male / Female (circle one) Age of Student: _____

Mailing Address: _____

Phone No: _____

Mobile Phone No: _____

Email Address: _____

List any past theatrical experience: _____

Primary Interests of Participant - although they will likely do a bit of everything (Circle all that apply):

Acting / Set Design / Lighting / Sound / Special Effects Props

Is participant interested in auditioning for a leading role? Yes _____ / No _____

If Yes, you will be advised of a prior audition date/time/location TBA.

Can parents help out with some minor tasks? Concessions, Ads, Costumes, etc.
Yes _____ / No _____

List any unavailable camp days:

We are currently scheduled for day sessions, but check the selection below that best describes how you would feel if we did a night session instead (4pm-9pm).

I could not participate if night sessions were scheduled

I could participate at night, but prefer the currently scheduled day sessions

I could participate during day sessions, but prefer the night sessions

I could only participate if night sessions were scheduled.

Important Medical Conditions/Allergies if any:

Permission to leave premises for breaks (food available in nearby cafes): Yes ____ / No ____
(For "Yes", parent will be asked to sign waiver.)

Fee: \$125 - Participation fee includes participation in all sessions, classes and shows. Students may be asked to bring in costume apparel or props and are requested to bring lunch, snacks, or money to buy lunch at local cafes (if permitted by parent)

All registrations will be confirmed by phone.

**Please make checks payable to LUANN POLLOCK and mail to:
STAGE HANDS, PO Box 294, Boonton, NJ 07005**

Dropout Policy

At Stage Hands Performing Arts, there are no small parts - and everyone is given their chance to shine. We will be preparing the schedule with each new participant in mind to maximize the use of time. For these reasons, there are no refunds. *All forms & fees are due by June 30th.*

By signing here, I agree to the Dropout Policy and understand that there are no refunds.

(Parent or Guardian signature) _____

ANY FURTHER QUESTIONS/COMMENTS, CONTACT DIRECTOR SEAN POLLOCK:
973-316-6660 or 973-902-3443 stagehandsperformingarts@yahoo.com