

<b>REGISTRATION INFORMATION</b> (REGISTRATION WILL CLOSE AS PROGRAM FILLS)		PAYMENT INFORMATION (PLEASE DO NOT SEND CASH BY MAIL)
Participant Name		<ul> <li>A \$75 non-refundable deposit (per program) is due upon enrollment.</li> <li>Tuition balance due prior to first rehearsal. Payment plans available.</li> </ul>
Is this the participant's first ARIEL production? Yes $\Box$ No $\Box$		Payment Method
Date of Birth Age	Female 🗆 Male 🗆	Ocean Grove Fund: Requested
Grade School Name		□ Cash Amount
Mailing Address		<ul> <li>☐ Check # Amount</li> <li>☐ Credit Card (details below)</li> </ul>
City 2	Zip Code	Please charge my Visa D MasterCard D
Home Phone		Card #
Mom's Name (	Cell #	_
Dad's Name	Cell #	Expiration V-Code
Email Contact		Amount to be charged at this time
Would you like to be added to ARIEL's email contact list? Yes $\Box$ No $\Box$		Name on Card
How did you hear about us?		- Date: Signature

Please submit completed form to ARIEL Theatrical. Enrollment confirmation will be by mail.

♦ Mail: ARIEL Theatrical, Inc., P.O. Box 1268, Salinas, CA 93902 ♦ Email: ariel@arieltheatrical.org ♦ Fax: (831) 256-7316
 For more information call ARIEL at (831) 775-0976 ♦ The Karen Wilson Children's Theatre, 320 Main Street, Salinas