



Preliminary Rehearsal: Saturday, May 20 ♦ 9:00 am -12:00 pm

Parent Meeting: Saturday, May 20 ♦ 11:30 - 12:00 pm

Camp Begins: Monday, June 12 ♦ 9:00 am - 3:00 pm

Camp Schedule: Monday through Friday 9:00 am - 3:00 pm

Performance Dates: June 30, July 1, 6, 7 & 8

Thursday at 7:00 pm, Fridays at 7:00 pm and Saturdays at 2:00 pm & 7:00 pm

Ages: 7-19 Tuition: \$500.00 Early Bird Tuition: \$450.00 (Paid in full by May 12)

Extended Day: Children may be dropped off as early as 7:30 am and picked up as late as 5:30 pm.

Additional fees apply. Call (831) 775-0976 for more information.

| REGISTRATION INFORMATION                  |
|---|
| REGISTRATION WILL CLOSE AS PROGRAM FILLS) |

| ,  |          | ,        |        |
|--|----------|----------|--------|
| Participant Name   |          |          |        |
| Is this the participant's first ARIEL pro  | Yes □    | No □     |        |
| Date of Birth  | Age      | Female 🗆 | Male □ |
| Grade School Name  |          |          |        |
| Mailing Address  |          |          |        |
| City   | Zip Cod  | e        |        |
| Home Phone   |          |          |        |
| Mom's Name   | Cell # _ |          |        |
| Dad's Name   | Cell #_  |          |        |
| Email Contact  |          |          |        |
| Would you like to be added to ARIEL's email contact list? Yes $\hfill\square$ No $\hfill\square$ |          |          |        |
| How did you hear about us?   |          |          |        |

## PAYMENT INFORMATION (PLEASE DO NOT SEND CASH BY MAIL)

A \$75 non-refundable deposit (per program) is due upon enrollment.

| rutton balance due prior to first renearsal. Payment plans available. |         |        |  |  |
|---|---------|--------|--|--|
| Payment Method  |         |        |  |  |
| ☐ Ocean Grove Fund: Requested   |         |        |  |  |
|   | Cash    | Amount |  |  |
|   | Check # | Amount |  |  |
| ☐ Credit Card (details below)   |         |        |  |  |
| Please charge my Visa ☐ MasterCard ☐                                  |         |        |  |  |
| Card #  |         |        |  |  |
| Expiration  |         | V-Code |  |  |
| Amount to be charged at this time                                     |         |        |  |  |
| Name on Card  |         |        |  |  |
|   |         |        |  |  |

Signature

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

Date:

♦ Mail: ARIEL Theatrical, Inc., P.O. Box 1268, Salinas, CA 93902 ♦ Email: ariel@arieltheatrical.org ♦ Fax: (831) 256-7316