



**Rehearsals Begin:** Monday, June 17 ♦ 6:00 - 9:00 pm

**Rehearsal Schedule:** Mondays, Tuesdays, Wednesdays & Thursdays 6:00 pm - 9:00 pm  
and Saturdays 9:00 am - 1:00 pm

**Not all cast members are called to all rehearsals.**

(There will be no rehearsal July 4)

**Performance Dates:** August 2, 3, 9, 10, 16 & 17

**Ages:** High School and Adult **Registration Fee:** \$50

**REGISTRATION INFORMATION**

(REGISTRATION WILL CLOSE AS PROGRAM FILLS)

Participant Name \_\_\_\_\_

Is this the participant's first ARIEL production? Yes  No

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Female  Male

Grade \_\_\_\_\_ School Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Dad's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Email Contact \_\_\_\_\_

Check here to be added to ARIEL's email contact list

How did you hear about ARIEL? \_\_\_\_\_

**PAYMENT INFORMATION**

(PLEASE DO NOT SEND CASH BY MAIL)

Payment Method

**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 \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**Please submit completed form to ARIEL Theatrical.**

**Enrollment confirmation will be by mail.**

- ♦ Mail: ARIEL Theatrical, PO Box 1268, Salinas, CA 93902
- ♦ Email: ariel@arieltheatrical.org ♦ Phone: (831) 775-0976 ♦ Fax: (831) 256-7316
- ♦ The Karen Wilson Children's Theatre, 320 Main Street, Salinas
- ♦ www.arieltheatrical.org

**Office Use Only**

Balance Due \$ \_\_\_\_\_ Payment \_\_\_\_\_ Date \_\_\_\_\_

Early Bird N/A \_\_\_\_\_

Paid in Full  \_\_\_\_\_