



Rehearsals Begin: Monday, January 13 ♦ 4:00 - 5:30 pm

Parent Meeting: Monday, January 13 ♦ 5:00 - 5:30 pm

Rehearsal Schedule: Mondays and Thursdays 4:00 - 5:30 pm
Performance Dates: February 21 & 22

Friday at 7:00 pm and Saturday at 2:00 pm and 7:00 pm

Ages: 5 - 11 **Tuition**: \$185.00

REGISTRATION INFORMATION (REGISTRATION WILL CLOSE AS PROGRAM FILLS)

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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 Code	e			
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?					

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

PAYMENT INFORMATION (PLEASE DO NOT SEND CASH BY MAIL)

A \$75 non-refundable deposit (per program) is due upon enrollment. Tuition balance due prior to first rehearsal. Payment plans available.

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		Payment Metho	<u>od</u>	
☐ Inspire Charter / Ocean Grove : Requested				
	Cash	Amount		
	Check #	Amount		
☐ Credit Card (details below)				
	Please	charge my Visa 🗖 N	MasterCard □	
Card #	#			
Expira	ation	V-	Code	
Amou	nt to be charge	d at this time		
Name	on Card			
Date:		Signature		

Office Use Only						
Balance Due \$	Payment	Date				
Early Bird : N / A						
Paid in Full □						