ARIEL Theatrical

The Play's the Thing!
From Page to Stage
Shakespeare Edition

Class Begins: Friday, January 10 ♦ 10:00 am - 12:00 pm
Parent Meeting: Friday, January 10 ♦ 11:30 am - 12:00 pm
Class Schedule: Fridays, January 10 - April 3 ♦ 10:00 am - 12:00 pm *
*No classes on February 7 and 14

Showcase: Friday, April 3, 2020 at 7:00 pm

This session of classes will be divided by grade level
(Kindergarten - Grade 3 and Grades 4 & up).

Tuition: $220 **Early Bird Registration:** $200 (Paid in full by December 23)

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 OR EMAIL/FAX CREDIT CARD INFORMATION)

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

Payment Method

☐ **Inspire Charter / Ocean Grove : 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 _____

Date: _____ Signature _____

Please submit completed form to ARIEL Theatrical.
For fax or email, please call in credit card information.
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		
	Payment	Date
Balance Due $ _____	_____	_____
Early Bird ☐	_____	_____
Paid in Full ☐	_____	_____