

## The Play's the Thing! From Page to Stage

(putting all the elements in play)

Class Begins: Friday, September 28 ♦ 10:00 am - 12:00 pm Parent Meeting: Friday, September 28 ♦ 11:30 am - 12:00 pm

Class Schedule: Fridays, September 28 - November 16 ♦ 10:00 am - 12:00 pm

**Showcase:** Friday, November 16, 2018 at 7:00 pm This session of classes will be divided by grade level (Kindergarten - Grade 3 and Grades 4 & up).

Tuition: \$160 Early Bird Registration: \$140 (Paid in full by August 31)

## 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 Co   | de         |        |  |
| 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 ☐ No ☐ |          |            |        |  |
| How did you hear about us?   |          |            |        |  |

## 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.

| Payment Method                              |             |  |
|---|-------------|--|
| ☐ Inspire Charter / Ocean Grove : Requested |             |  |
| ☐ Cash                                      | Amount      |  |
| ☐ Chec                                      | ck # Amount |  |
| ☐ Credit Card (details below)               |             |  |
| Please charge my Visa ☐ MasterCard ☐        |             |  |
| Card #                                      |             |  |
| Expiration                                  | V-Code      |  |
| Amount to be charged at this time           |             |  |
| Name on Ca                                  | rd          |  |
| Date:                                       | Signature   |  |

| Office Use Only |         |      |  |  |
|-----------------|---------|------|--|--|
| Balance Due \$  | Payment | Date |  |  |
| Early Bird: □   |         |      |  |  |
| Paid in Full    |         |      |  |  |