



**Rehearsals Begin:** Saturday, August 26 ♦ 1:00 - 4:00 pm

**Parent Meeting:** Saturday, August 26 ♦ 3:15 - 4:00 pm

**Rehearsal Schedule:** Tuesdays - Thursdays 6:00 - 8:00 pm & Saturdays 1:00 - 4:00 pm

**Performance Dates:** October 6, 7, 13, 14, 20 & 21

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

**Ages:** 10 & up    **Tuition:** \$250.00    **Early Bird Tuition:** \$225.00 (Paid in full by July 28)

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

Would you like to be added to ARIEL's email contact list? Yes  No

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. Tuition balance due prior to first rehearsal. 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 \_\_\_\_\_

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

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

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

For more information call ARIEL at (831) 775-0976 ♦ The Karen Wilson Children's Theatre, 320 Main Street, Salinas