



# THE HUNCHBACK OF NOTRE DAME

**Rehearsals Begin:** Saturday, June 16 ♦ 9:00 am - 1:00 pm

**Rehearsal Schedule:** Mondays - 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 2 - 4 )

**Performance Dates:** August 3, 4, 10, 11, 17 & 18

**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

Choir Participant Only

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)

### 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  \_\_\_\_\_