

**Rehearsals Begin:** Monday, April 9 ♦ 4:00 - 5:30 pm

**Parent Meeting:** Monday, April 9 ♦ 5:00 - 5:30 pm

**Rehearsal Schedule:** Mondays and Thursdays 4:00 - 5:30 pm

**Performance Dates:** May 18 & 19

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

**Ages:** 5-12 **Tuition**: $185.00

REGISTRATION INFORMATION

(REGISTRATION WILL CLOSE AS PROGRAM FILLS)

**Participant Name Click here to enter text.**

**Is this the participant’s first ARIEL production? Yes** [ ]  **No** [ ]

**Date of Birth** Click here to enter text. **Age** Click here to enter text.

**Female** [ ]  **Male** [ ]  **Grade Click here to enter text.**

**School Name Click here to enter text.**

**Mailing Address Click here to enter text.**

**City Click here to enter text. ♦ State Click here to enter text.**

**Zip Code Click here to enter text.**

**Home Phone Click here to enter text.**

**Mom’s Name Click here to enter text.**

**Cell # Click here to enter text.**

**Dad’s Name Click here to enter text.**

**Cell # Click here to enter text.**

**Email Contact Click here to enter text.**

**Would you like to be added to ARIEL’s email contact list?**

 **Yes** [ ]  **No** [ ]

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**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 ♦ Website: www.arieltheatrical.org

The Karen Wilson Children’s Theatre, 320 Main Street, Salinas

PAYMENT INFORMATION

(PLEASE DO NOT SEND CASH BY MAIL)

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**Office Use Only**

Payment

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Date

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

Payment Method

 [ ]  **Cash Amount** Click here to enter text.

[ ]  **Check Amount** Click here to enter text.

[ ]  **Credit Card (details below)**

**Please Charge my: Visa** [ ]  **MasterCard** [ ]

**Card # Click here to enter text.**

**Expiration Click here to enter text.**

**V-Code Click here to enter text.**

**Amount to be charged at this time Click here to enter text.**

**Name on Card Click here to enter text.**

**Date** Click here to enter text.

**Office Use Only**

Date

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Payment

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Balance Due $ \_\_\_\_\_\_\_\_\_

Early Bird : N / A

Paid in Full 