



Rehearsals Begin: Saturday, August 24 ♦ 9:00 am - 12:00 pm

Parent Meeting: Saturday, August 24 ♦ 11:30 am - 12:00 pm

Rehearsal Schedule: Tuesdays, Wednesdays, Thursdays 6:00 - 8:00 pm

and Saturdays 9:00 am - 12:00 pm

Performance Dates: October 4, 5, 11, 12, 18 & 19

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

Ages: 13 - 18 Tuition: \$250.00 Early Bird Tuition: \$225 (Paid in full by July 19)

REGISTRATION INFORMATION	
(REGISTRATION WILL CLOSE AS PROGRAM FILI	∟S)

Participant Name				
Is this the participant's first ARIEL pr	Yes □	No □		
Date of Birth	_ Age	_ Female □	Male □	
Grade School Name				
Mailing Address				
City	Zip Cod	le		
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?				

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)

refundable denesit (nor program) is due unen en

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				
☐ Cas	sh Amount			
☐ Che	eck # Amount			
☐ Credit Card (details below)				
Please charge my Visa ☐ MasterCard ☐				
Card #				
Expiration _	V-Code			
Amount to	be charged at this time			
Name on C	Card			
Date:	Signature			

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