



Rehearsals Begin: Monday, January 14 ♦ 4:00 - 5:30 pm

Parent Meeting: Monday, January 14 ♦ 5:00 - 5:30 pm

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

Performance Dates: February 22 & 23

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

**Ages:** 5 - 11 **Tuition:** \$185.00

## REGISTRATION INFORMATION (REGISTRATION WILL CLOSE AS PROGRAM FILLS)

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)

(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		
□ 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		
Data: Signatura		

Office Use Only					
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Balance Due \$	Payment	Date			
Early Bird: N / A					
Paid in Full □					