



# THE PHANTOM TOLLBOOTH TYA

**Rehearsals Begin:** Tuesday, February 26 ♦ 6:00 - 8:00 pm

**Parent Meeting:** Tuesday, February 26 ♦ 7:30 - 8:00 pm

**Rehearsal Schedule:** Tuesdays, Wednesdays, Thursdays 6:00 - 8:00 pm and  
Saturdays 9:00 am - 12:00 pm

**Note:** Saturday, March 2 ♦ 1:00 - 4:00 pm; Saturday, March 9 ♦ No rehearsal

**Performance Dates:** April 5, 6, 12 & 13

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

**Ages:** 6 - 18    **Tuition:** \$250.00    **Early Bird Tuition:** \$225 (Paid in full by February 8)

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

Check here to be added to ARIEL's email contact list

How did you hear about ARIEL? \_\_\_\_\_

## 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

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 \_\_\_\_\_

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  \_\_\_\_\_

Paid in Full  \_\_\_\_\_