

REGISTRATION INFORMATION (REGISTRATION WILL CLOSE AS PROGRAM FILLS)	PAYMENT INFORMATION (PLEASE DO NOT SEND CASH BY MAIL)
Participant Name	A \$75 non-refundable deposit (per program) is due upon enrollment. Tuition balance due prior to first rehearsal. Payment plans available.
Is this the participant's first ARIEL production? Yes □ No □	Payment Method
Date of Birth Age Female □ Male □	Inspire Charter / Ocean Grove : Requested
Grade School Name	Cash Amount Check # Amount
Mailing Address	□ Credit Card (details below)
City Zip Code	Please charge my Visa 🗖 MasterCard 🗖
Home Phone	Card #
Mom's Name Cell #	Expiration V-Code
Dad's Name Cell #	
Email Contact	Amount to be charged at this time
Check here to be added to ARIEL's email contact list	Name on Card
How did you hear about us?	Date: Signature
Please submit completed form to ARIEL Theatrical.	Office Use Only
Enrollment confirmation will be by mail.	Balance Due \$ Payment Date
Mail: ARIEL Theatrical, PO Box 1268, Salinas, CA 93902 Email: ariel@arieltheatrical.org ♦ Phone: (831) 775-0976 ♦ Fax: (831) 256-7316	Early Bird:
The Karen Wilson Children's Theatre, 320 Main Street, Salinas	Paid in Full 🗖

www.arieltheatrical.org