

Is this the participant's first ARIEL production? Yes □ No □	rution balance due prior to mot renearsal. L'ayment plans availat
Date of Birth Age Female □ Male □	Payment Method Inspire Charter / Ocean Grove : Requested
Grade School Name	□ Cash Amount
Mailing Address	Check # Amount
City Zip Code	Credit Card (details below)
Home Phone	Please charge my Visa D MasterCard D
	Card #
Parent/Guardian Cell #	Expiration V-Code
Parent/Guardian Cell #	Amount to be observed at this time
Email Contact	Amount to be charged at this time
Check here to be added to ARIEL's email contact list \Box	Name on Card
How did you hear about ARIEL?	Date: Signature
Please submit completed form to APIEL Theatrice	۱ <u>ــــــــــــــــــــــــــــــــــــ</u>
Please submit completed form to ARIEL Theatrical. For fax or email, please call in credit card information. Enrollment confirmation will be by mail. ♦ Mail: ARIEL Theatrical, PO Box 1268, Salinas, CA 93902	Disney's Jungle Book KIDS Office Use Only Balance Due \$ Payment
• Emeril aniel@eniel#enetricel.ener. • Blancer (024) 775 0076 • Eeu (024) 056 7246	Farly Bird 🗖

Paid in Full

◆ 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