



APPLICATION FORM

Please fill out one form per child enrolling.

ENROLLING IN:

___ FULL WEEK WORKSHOP 1, June 20-24 — \$350.00

___ FULL WEEK WORKSHOP 2, August 29 – September 2 — \$350.00

___ BOTH – **SAVE 10%**

Siblings save an extra 10% on fees!

ABOUT THE CHILD

Name _____

Age _____ Birth Date ___/___/___ Grade entering in Fall 2011 _____

School _____

Home Address _____

Child's Phone (if applicable) _____

Child's Email (if applicable) _____

Specific area(s) of interest in regard to theater? _____

Have you taken any theater classes before? Yes _____ No _____

If yes, where and when? _____

PARENT CONTACT

Name _____

Home Phone _____ Cell _____

Email _____

Emergency contact if parent is not reachable:

Name _____ Phone _____

Please list any allergies your child may have: _____

Does your child take any medications that we should know about?

Yes _____ No _____

If Yes, please list _____

Are there any special needs or things we should know about your child?

Payment can only be made by check or cash. Please make checks payable to:

MUSICAL THEATER WORKSHOP

and mail them with a completed application form to:

Pixalina Dance LLC, 929 Hope Street, Stamford, CT 06907

Attn: Musical Theater Workshop