YORKTOWN STAGE KIDS WORKSHOPS
REGISTRATION FORM

MAIL TO: YORKTOWN STAGE, PO BOX 877, YORKTOWN HEIGHTS, NY 10598

BEAUTY & THE BEAST
YOUNG PERFORMERS AGE 8+

Fee $375.00

Child's Name: _____ _____
Last *First*

Date of Birth: _____ Age Today: _____ Grade Now: _____ Boy / Girl (Circle)

Name of Primary Parent/Guardian: _____ Email Address _____

Address of Primary Parent/Guardian: _____

Phone Nos. Primary Parent/Guardian: Home _____ Business _____Cell_____

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RELEASE STATEMENT: I hereby release the Producing Director and all employees of YORKTOWN STAGE from all claims of liability for any damages or injuries which may be sustained while my child is in camp, unless due to Yorktown Stage negligence. I hereby give permission for my child's photograph to be used in Yorktown Stage Kids publications, and for advertising and promotions. I hereby authorize YORKTOWN STAGE to charge my credit card below referenced, if any, for the registration fee.

Signature of Parent / Guardian _____

Date:_____

FULL PAYMENT IS REQUIRED AT THE TIME OF REGISTRATION

IF PAYING BY CHECK (PREFERRED METHOD):	***IF PAYING BY CREDIT CARD:***
AMOUNT ENCLOSED $ _____	**AMOUNT TO CHARGE $_____**
Check # _____	Credit Card # _____
Bank Name _____	Expiration Date _____
Bank City _____	Security Code _____