

YOUTH THEATRE OF CENTRAL ARKANSAS
REGISTRATION FORM

3 days of **DRAMA**

PLEASE USE ONE FORM FOR EACH STUDENT ATTENDING. COPY FORM AS NEEDED.
(please print)

STUDENT NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE AT HOME _____ CELL _____
AGE _____ GRADE _____ EMAIL _____
PARENT'S FULL NAME(S) _____
PARENT WORK PHONE _____ WHICH PARENT IS THIS? _____

3 days of **DRAMA**

Saturdays only!
November 7, 14, 21, 2009

(Please check which group you will be attending.)

_____ Junior Group (grades 3-6) - 11:00 am to 1:00 pm
_____ Senior Group (grades 7-12) - 1:00 pm to 3:00 pm

FEES: \$ 80 per student if paid by November 5. Late registration of \$100 will be accepted through November 7. Check or credit card information must accompany the registration form.

_____ Check enclosed. Please make check payable to **UCA Theatre Foundation**. Checks **MUST** be written in this manner. Checks not made out to the Theatre Foundation will be returned for correction.

_____ Please bill my credit card. (circle one) Mastercard Visa American Express

Name on the card _____

_____ Expiration date _____

Signature _____

REFUND POLICY: Students who withdraw from the program before November 7 will be assessed a \$15.00 processing fee. Because our expenses are paid directly from registration fees, there is a possibility that the class will be cancelled should enrollment not meet expectations. If the class is cancelled, you will be notified and receive a full refund. There will be a \$25 processing fee for any returned check.

Questions? Call Liz Parker at 501-450-5092 or email LizP@uca.edu

for office use only

Return fee and registration form to: UCA THEATRE FOUNDATION
Box 4942
Conway, AR 72035