

WINTER/SPRING 2017 REGISTRATION FORM

Form may be used for multiple students and/or copied.

SEND ALL MAIL TO: Essex Youth Theater (EYT), PO Box 43553, U. Montclair, NJ 07043

CHILD'S NAME: _____

Gender: _____ **DOB:** _____

FOLKS' NAMES: _____

ADDRESS: _____

_____ **ZIP** _____

PREFERRED PHONE: _____

ALT PHONE: _____

ANY OTHER #s _____

provide the number(s) for all person(s) picking up your child

EMAIL: _____

so we may confirm registration, allow "essexyouththeater@comcast.net"

CHILD'S SCHOOL : _____

SHOW TITLE: _____

CLASS DAY: _____ **2nd choice:** _____

ALLERGIES, BEHAVIORAL or MEDICAL CONDITIONS:

Use extra paper if necessary. Failure to disclose your child's condition is grounds for immediate dismissal from the program with no refund. See "Winter/Spring 2017 Policies" online for details.

SUBTOTAL: _____ **ANY COUPON:** _____

TOTAL PAYMENT: _____

**Add \$10 Reg Fee per child if enrolling after Dec 15th.*

By enrolling your child, you are agreeing to abide by all Essex Youth Theater Policies, INCLUDING THE REFUND POLICY see www.EssexYouthTheater.com for policy details

If paying by credit card, complete this section or call: check one: Visa _____ MasterCard _____

Cardholder Name _____

Account Number _____

Expiration Date _____ Card Code _____

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms outlined in Essex Youth Theater Policies.

SIGNATURE OF PARENT/GUARDIAN

DATE