

AGES 6-9 (As of Sept. 1, 2010)
6 WEEK WORKSHOP (Fall Only)
THURSDAYS 4:30-6:00 P.M.
SEPT. 30, OCT. 14, 21, 28, NOV. 11,
NOV. 15 (MONDAY) & NOV. 16 PERFORMANCE



REGISTRATION INFORMATION

NAME _____

Male Female Age _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____

EMAIL _____

SCHOOL _____

GRADE IN FALL 2010 _____ DATE OF BIRTH _____

What stage experience have you had? (dance, plays, musicals, etc.)

T-Shirt Size (Youth XS-XL & Adult S-XL) _____

How did you hear about *mdt workshop*? _____

PARENT/GUARDIAN INFORMATION

NAME(S) _____

ADDRESS _____

CITY _____ ZIP _____

DAYTIME PHONES(S) _____

EVENING PHONES(S) _____

EMERGENCY CONTACT PHONE # _____

EMAIL _____

I agree to hold harmless the *mdt workshop* and its instructors and associates from any claim, damages, or injury that may arise during the course of the *mdt workshop*. I hereby authorize my child to participate in the *mdt workshop*.

I also give my permission for photos and videos to be taken of my child to be used for archival, publicity, and promotional use.

Parent/Guardian Signature _____

Date _____

WORKSHOP REGISTRATION FEES

Payment Information:
<p>6 week workshop</p> <ul style="list-style-type: none">• \$90.00 tuition• \$7.50 MDT Workshop performance t-shirt• Total: \$97.50• Due 9/25/2010

Workshop fee must be included with your registration form to reserve your place and returned by the registration deadline.

Please Make Checks Payable to:
mdt workshop

Send To: **mdt workshop**
4396 S. Maverick Way
Boise, ID 83709

WORKSHOP SPACE IS LIMITED, SO PLEASE BE AWARE THAT APPLICATIONS ARE PROCESSED ON A FIRST-COME BASIS.