

AGES 10-14
SEMESTER 2 (Prerequisite Semester 1)
TUESDAYS 4:30-6:00P.M.
FEB. 1- APR. 26, 2011



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.)

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 Please check payment plan box.

Payment Plan A: <input type="checkbox"/>	Payment Plan B: <input type="checkbox"/>
<p>Semester 2 (Prerequisite Semester 1)</p> <ul style="list-style-type: none"> • \$180 tuition • Total: \$180.00 • Due 11/12/2010 	<p>Semester 2 (Prerequisite Semester 1)</p> <ul style="list-style-type: none"> • 2 tuition payments of \$95.00 each • 1st payment total: \$95.00 Due 11/12/2010 • 2nd payment total: \$95.00 Due 2/1/2011

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

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

Please Make Checks Payable to:
mdt workshop

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