



# SYMT 2017 Registration

Disney's Aladdin Jr.

Paul Tunis, Program Director

## Participant Information

Sponsored by CCCP, United Fund of Globe-Miami and CVCA

1st Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

2nd Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

3rd Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

4th Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Summer Address: \_\_\_\_\_

Optional: Participant Cell: \_\_\_\_\_ Participant Email: \_\_\_\_\_

Does your child have any previous experience with acting, singing, dancing or visual art? If so, please list:

\_\_\_\_\_  
\_\_\_\_\_

Does your child play any musical instruments? Name instrument and include years of experience: \_\_\_\_\_

Does your child have any medical conditions, allergies, or phobias that the staff should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

## Schedule

The program begins on June 5th and ends on July 15th. Performance Dates are July 6th, 7th, 8th, 11th, 13th, 14th, and 15th. Please be sure you are able to commit to the entire program.

List any conflicts that you are currently aware of. Priority will be given to children without conflicts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*OVER\***

## Parent Information

Parent or Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Please check any of the following tasks you would be interested in volunteering for:

- |  |  |
|--|--|
| <input type="checkbox"/> Baking for Sponsor Evening or Matinee | <input type="checkbox"/> Set-Up for Sponsor Evening or Matinee |
| <input type="checkbox"/> Green Room Supervision                | <input type="checkbox"/> Sewing Costumes                       |
| <input type="checkbox"/> Weekend Clean-Ups                     | <input type="checkbox"/> Pickup/drop-off Coverage              |
| <input type="checkbox"/> Construction or Set-Building          | <input type="checkbox"/> Assist with Cast Party                |

## Emergency/Contact Information

List an individual (other than parent/guardian named above) that we can contact in case of an emergency. Please be aware that neither the Cobre Valley Center for the Arts nor the Summer Youth Musical Theatre Program will be held liable in the event of an accident or injury.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Registration Information

Registration Fee:     \$ 50.00(Paid) Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ # \_\_\_\_\_  
Tuition:             \$250.00(Paid) Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ # \_\_\_\_\_

☐ Check here if you do not give SYMTP permission to use photos of your child/children for promotion both online and in print media.

☐ Check here for the extended payment plan. Extended tuition must be paid in full by start of the program **(June 5)**, or the participant will be removed from the program and any paid tuition will be refunded.

**If for any reason this is not possible, contact Paul Tunis, 480-236-4633 as soon as possible to discuss potential payment options.**

## Financial aid is available for applicants who qualify.

☐ Check here if you have filled out, and attached the Financial Aid Form.

I, \_\_\_\_\_, give my permission for \_\_\_\_\_ to participate in the Summer Youth Musical Theatre Program sponsored by the Copper Cities Community Players. I understand that the program runs from June 5th through July 15th and will assure this child's fullest attendance. I will accept liability for this child during the course of this program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date