

Pismo Beach Youth Theater

REGISTRATION FORM

Mailing Address: 323 Alder St., Arroyo Grande, CA 93420

*Phone (805) 471-4976

* E-mail pbyouththeater@yahoo.com

*Website: www.pismo-beach-youth-theater.com

Tuition Policies

- Tuition is due the 1st class of each month. Please make tuition payments out to Pismo Beach Youth Theater (PBYT). We currently only accept cash or checks.
- A \$25 per season registration fee is due upon sign up for all Musical Theater students. This fee includes your script, rehearsal cd, and PBYT shirt which will be used for all community performances. This is due at the start of each new session (or show).
- A Late fee of \$10.00 will be added to your tuition after the 10th of the month.
- Invoices (via e-mail) are only sent out when tuition is late.
- There are no refunds or pro-rated tuition rates for missed classes.
- There is no extra charge for months where there is a 5th class in the month.
- PBYT closes for Thanksgiving (Wednesday-Friday), Winter Break 2 weeks in December/January and 1 week for Spring Break in March or April. Full tuition is due for these months. Months where there is a 5th class throughout the year is considered make-ups for these months.
- Fees do not include performance costs.
- Musical Theater II & III Tuition is \$40.00 per month.
- Musical Theater I Tuition is \$36.00 per month.

PARENTS NAME: _____ HOME PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

EMERGENCY CONTACT (other than above): _____ PHONE: _____

<u>Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>Grade</u>	<u>Class</u>	<u>Day & Time</u>	<u>Shirt size</u>

Shirt sizes are offered in Youth S, M, L, Adult S, M, L, XL.
Parents can order PBYT shirts for \$15, please see Olivia or Kelli for more info.

Make checks payable to Pismo Beach Youth Theater (PBYT)

Check # _____ TOTAL AMOUNT: _____

The undersigned agrees to hold Olivia Miller, Kelli Howard, and any other volunteer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this theater program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. Registration form will act as medical release. If participant is under 18, parent or guardian must sign release.

SIGNATURE: _____ DATE: _____