

SHOW STOPPERS- Registration Form

(Please fill out a separate registration form for each participant.)

Name of Child:_____

Grade: (as of Fall 2014)_____

School_____

Birth Date _____ Male _____ Female _____

Parent 1 Address:_____

Parent 1 Home Phone:_____

Parent 1 Mobile Phone:_____

Parent 1 E-mail Address_____

Parent 2 Address:_____

Parent 2 Home Phone:_____

Parent 2 Mobile Phone:_____

Parent 2 E-mail Address_____

Emergency Contact Name & Number: _____

_____ Yes, I agree to the fee for each session that my child will participate in **QT's Show Stoppers Summer Musical Theatre Program!**

Check choice of Session: (Check all that apply)

_____ Session A _____ Session B _____ Session C _____ All Sessions

_____ Yes, I would like my child to participate in the **Extended Day Program.**

Payment Information

A 50% deposit on your Total Payment, plus the \$15 registration fee, is required to hold your place in the program. Full payment is due by June 20th, 2014. Upon submitting your registration form, please choose to pay the Total Payment or the 50% Deposit.

Charge my Credit Card (Circle One)

One Session: Total Payment 50% Deposit

Two Sessions: Total Payment 50% Deposit

Three Sessions: Total Payment 50% Deposit

_____ Yes, I am registering siblings. (\$25 discount on both children)

Early Registration Deadline: April 30, 2014 (Registration is Waived)

(Circle One)

MC VISA Discover Amex

Name of Card _____

Card# _____

Expiration Date _____ CID # _____

(The last three digits in the signature box on the back of your credit card)

Please make checks payable to **Queens Theatre**.

Registration form and fees may be mailed to:

Queens Theatre

Flushing Meadow Corona Park

Attn: Show Stoppers

14 United Nations Ave. South

Queens, New York 11368