



# 2012 SPRING ENROLLMENT FORM



## Student Information

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Male  Female

## Parent/Guardian Information

Parent/Guardian Name (1): \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name (2): \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Fall Classes (check those that apply)

**Playgrounds Class Fee: \$235**

- For K & 1st Graders
- Fridays, 3:30pm–4:30pm (9 classes)
- DATES: 3/16, 3/23, 3/30, 4/6, 4/20, 4/27, 5/4, 5/11 and 5/18

**Five, Six, Seven, EIGHT! Class Fee: \$235**

- For 2<sup>nd</sup> & 3<sup>rd</sup> Graders
- Wednesdays, 5:00pm–6:00pm (9 classes)
- DATES: 3/14, 3/21, 3/28, 4/4, 4/18, 4/25, 5/2, 5/9 and 5/16

**Acting Out Too! Class Fee: \$235**

- For 4th & 5th Graders
- Fridays, 5:00pm–6:00pm (9 classes)
- DATES: 3/16, 3/23, 3/30, 4/6, 4/20, 4/27, 5/4, 5/11 and 5/18

**Performing Shakespeare: Discover the Bard! Class Fee: \$235**

- For 6th, 7th and 8th Graders
- Wednesdays, 3:30pm–4:30pm (9 classes)
- DATES: 3/14, 3/21, 3/28, 4/4, 4/18, 4/25, 5/2, 5/9 and 5/16

**Wednesday Glee Club Class Fee: \$290**

- For ages 8 to 10 years old
- Wednesdays, 3:30pm–5:00pm (9 classes)
- DATES: 3/14, 3/21, 3/28, 4/4, 4/18, 4/25, 5/2, 5/9 and 5/16

**MYP Audition Workshop Class Fee: \$290**

- For 11 to 14 years old
- Saturdays, 10:00am–12:00pm (8 classes)
- DATES: 3/17, 3/24, 3/31, 4/7, 4/21, 4/28, 5/5 and 5/12

Total Fee: \_\_\_\_\_

## Payment Information

Check Enclosed\* (payable to **142 Throckmorton Theatre**)

Charge my MasterCard/VISA\*

Mail enrollment form and payment to:  
142 Throckmorton Theatre  
Marin Youth Performers  
P.O. Box 1058  
Mill Valley, CA 94942

\*No refunds will given after the first class.

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3-digit Security Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Zipcode: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

How did you hear about our classes? \_\_\_\_\_

By signing above, I hereby agree to indemnify and hold harmless 142 Throckmorton Theatre and its officers and employees from and against any and all liabilities for any injury which may be suffered by me or my child arising out of or in any way connected with participation in the program noted above. In case of an emergency, my child may be treated by a qualified physician. I give permission to use my or my child's photograph in 142 Throckmorton Theatre's brochures or publicity.

Contact Steven Hess at [stevenh@142ThrockmortonTheatre.org](mailto:stevenh@142ThrockmortonTheatre.org) or call 415-383-9613 for more information.