

REGISTRATION FORM

CMW's production of Hairspray

PLEASE DO NOT REGISTER IF YOU HAVE CONCERNS REGARDING SHOW CONTENT

- RATED PG - (Open to Grades 1 - 12) - See REFUND POLICY BELOW

Rehearsals begin August 26, 2010

Show Dates: November 12, 13 & 14, 2010 - Lakeshore High School Auditorium

EARLY REGISTRATION IS RECOMMENDED

Student's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Cell phone: (Mother) _____ (Father) _____

Parent's Email Address: _____

(email used for confirmation of registration, weekly take home notes, and other CMW info)

Emergency Contact Name: _____ Phone: _____

School: _____ Grade (Fall '10): _____ M/F: _____ Birth Date: _____ Age: _____

PRODUCTION SCHEDULE & INFORMATION:

1. Performances are scheduled for **Nov. 12, 13 & 14, 2010** at Lakeshore High School, Stevensville, MI.
2. Weekly rehearsals will be held at St. Paul's Lutheran School, 2673 W. John Beers Road, Stevensville, MI, beginning **Saturday, August 28th** and each Saturday thereafter through **Nov. 6**. (Midweek rehearsals will take place beginning Sept 9. on **Thursdays, 6 - 8 pm**, for smaller groups. Additional midweek rehearsals may also be called.)
3. **Saturday rehearsals will be 9:00 am to 1:30 pm except Audition Day - see note below.** As the production schedule progresses, rehearsals may last longer. This will be determined by the Director.
4. **Auditions will be held Saturday, August 28th. Attendance on audition day is required. Audition Day ONLY: 1st - 2nd graders: 9:00 - 9:30 a.m.; 3rd - 12th graders: 9:30 a.m. - 1 p.m.**
5. **Mandatory tech & final rehearsals will be on November 8, 9, 10, 11, 2010. (Do NOT register your child if they will miss any of these dates.)**
6. Please list any scheduled vacations or other conflict dates the student will NOT attend rehearsal*:

(*Any missed **blocking** rehearsals may result in the student not participating in those numbers during performances.)

7. **A Parent/Participant meeting will be held August 26th at 5:30 p.m. Participants will stay until 7:30 pm.**

REGISTRATION FEE: \$190

You will receive an **e-mail confirmation of registration**. If email not available, confirmation will be sent by mail.

DISCOUNTS: (Discounts do not apply if you are receiving scholarship funds.)

SIBLING - Take **\$25.00 discount** if registering 2 or more siblings. **One sibling discount per family.**

REFERRAL - Take **\$25.00 discount** if you refer someone that has not previously participated in CMW. Referral must participate in this production. **In the event any of your referrals do not register you will receive an invoice for the remainder of your registration fee. Referral discount cannot exceed your registration fee.**

OPTIONAL T-SHIRT: \$15 each (please order for cast members and friends and family)

T- Shirt size: (Circle) Youth: M L Adult: S M L XL 2XL TOTAL # T-Shirts _____ = \$ _____

REFUND POLICY: PLEASE NOTE THAT THIS SHOW IS RATED PG - ANY CONCERNS REGARDING CONTENT SHOULD BE ADDRESSED PRIOR TO REGISTERING

If you withdraw from the production **prior to August 21, 2010** you will be charged \$50. **After August 21, 2010 your Registration fee is non-refundable** but your registration fee may be considered a tax-deductible contribution to CMW. CMW will contact you if a workshop you have requested is not available and your registration fee will be returned.

I understand the refund policy as certified by my signature below.

Parent/Guardian Signature: _____ Date: _____

PAYMENT: Payment by: Check _____ Credit Card _____ (✓)

Registration Fee: \$ 200 (\$190 + optional \$10 scholarship donation)

Or Registration Fee: \$ 190 (no scholarship donation)

Optional T-Shirts: \$ _____ (# of t-shirts x \$15 each)

Sibling Discount: -- \$ _____

Referral Discount: -- \$ _____ **Name(s) of referral(s)** _____

TOTAL ENCLOSED: \$ _____

FOR OFFICE USE: Scholarship \$ _____ Scholarship # _____

Scholarship recipients that withdraw from a production will not be eligible for future scholarships without obtaining permission from the CMW Board of Directors. Permission must be requested in writing.

<p>All information required for credit card charges – please print clearly</p> <p>\$3.00 processing charge added to each credit card charge</p> <p>Credit card type: MC _____ Visa _____</p> <p>Name as appears on credit card: _____</p> <p>Billing address of card: _____</p> <p>_____ Zip Code: _____</p> <p>Credit card # _____ Exp. Date: _____</p> <p>CVV2 # (3 numbers on reverse side of credit card) _____</p> <p>Total: \$ _____ + \$3.00 processing fee = \$ _____ credit card charge</p> <p>(You may combine multiple items/registrations, etc. into one credit card charge to save on processing fees)</p> <p>Signature of card holder: _____ Date: _____</p>

ALLERGIES AND MEDICAL CONDITIONS

Please list any allergies or medical conditions that CMW staff should be made aware of: _____

PUBLICITY

Portions of this CMW production or workshop may be photographed and/or videotaped for promotional purposes including but not limited to web site, brochure, photo CD's newspaper ads/features or promotional/archival videos. Does CMW have your permission to use your child's image/name in CMW promotional photos (group or individual) or videos?

Yes _____ No _____

VOLUNTEERS

CMW relies on parent volunteers for the success of its programs. Please check all areas you would be interested in volunteering your services: Costumes _____ Make-up/Hair _____ Props & Set _____ Stage Crew _____ Backstage Supervision _____ Ushers _____ Concession _____ Other _____

PARTICIPATION PERMISSION SLIP AND RELEASE

<p>I approve of my son/daughter (student's name) _____</p> <p>participating in the production of <i>Hairspray</i> presented by Children's Music Workshop (herein referred to as the Company). As Student's Parent or Guardian, I release the Company from any and all liability, damages, or claims whatsoever for any injury or harm that may occur to my Student while participating in any workshop provided by the Company. I agree that I will make no claim or demand against the Company if an injury or accident occurs during a workshop provided by the Company. I will look to my own resources, insurance or assets to pay all medical bills, damages or losses whatsoever if an injury occurs. The term Company includes all employees, volunteers and other staff of the Company. I also give permission to release my child to my emergency contact listed above.</p> <p>Parent or Guardian Signature: _____ Date: _____</p> <p>Printed Name: _____</p>
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Mail Registration Form along with check (made payable to CMW) to:

CMW, Attention: Registration Department, P.O. Box 69, Stevensville, MI 49127

RETURNED CHECKS: A \$25 fee will be charged for all NSF checks returned to us.

SCHOLARSHIPS: Financial Assistance Scholarships are available – see our website or call 269-422-2930 for details

FOR MORE INFORMATION CONTACT CMW BY PHONE AT 269-422-2930 OR VISIT OUR WEB SITE AT CMWONLINE.ORG