

REGISTRATION FORM

CMW's production of **Back to the '80's**

November 14, 15, & 16, 2008

Lakeshore High School Auditorium

Rehearsals begin September 6, 2008

EARLY REGISTRATION IS RECOMMENDED. CLASS SIZE IS LIMITED.

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell phone: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Parent's Place of Employment: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

(will be used for confirmation of registration and other CMW info)

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade (Fall '08): \_\_\_\_\_ M/F: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Student's T- Shirt size: (Circle one) Youth: S M L Adult: S M L XL

**PRODUCTION SCHEDULE & INFORMATION:**

1. Performances are scheduled for Nov. 14, 15 & 16, 2008 at Lakeshore High School, Stevensville, MI.
2. Rehearsals will take place at the Salvation Army, 233 Michigan Street, Benton Harbor, beginning Saturday, September 6 and each Saturday thereafter thru November 8. (Additional vocal and/or acting rehearsals may take place during the week.)
3. Grades 1 and 2 will rehearse 12:30 pm to 1:30 pm.
4. Grades 3 thru 12 will rehearse 9:00 am to 12:00 noon.
5. Depending on a number of factors, there will be a time when all students rehearse from 9:00 am-1:00 pm.
6. Auditions for solos, dance & drama will be held Sat., September 13<sup>th</sup>. **Attendance on audition day is required.**
7. Will student be able to attend the mandatory tech & final rehearsals on **November 10, 11, 12, & 13?**  
Yes \_\_\_\_\_ No \_\_\_\_\_ (**Do NOT register your child if they will miss any one of these dates.**)
8. 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.)

9. Each child will receive a show t-shirt and music – included in registration fee.

10. **Parent meetings will be held Sept. 6<sup>th</sup> at 9:00 am (Advanced) and 12:30 pm (Tiny Tunes) – please attend.**

**I'M REGISTERING FOR:** (You will receive an *e-mail confirmation of registration*. If email not available, confirmation will be sent by mail.)

**Registration fee includes: Music, t-shirt, and two show tickets.**

\_\_\_\_\_ **Advanced (3<sup>rd</sup>-12<sup>th</sup> Grade) @ \$190 (\$180 if registering prior to August 15, 2008)**

\_\_\_\_\_ **Tiny Tune (1<sup>st</sup>-2<sup>nd</sup> Grade) @ \$135 (\$125 if registering prior to August 15, 2008)**

**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. **One referral discount per family. In the event your referral does not register you will receive an invoice for the remainder of your registration fee.**

**REFUND POLICY:**

Registration fees are non-refundable. A CMW representative will contact you if a workshop you have requested is not available and your registration fee will be returned. If the student is unable to attend after the workshop begins, registration fees may be considered a tax-deductible contribution to CMW.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(PLEASE COMPLETE BOTH SIDES OF THIS REGISTRATION FORM AND USE A SEPARATE FORM FOR EACH CHILD REGISTERING - PHOTOCOPIES ARE ACCEPTABLE)

**PAYMENT:**

Amount enclosed \$ \_\_\_\_\_ I am using a sibling discount \_\_\_\_\_ (√) Payment by: Check \_\_\_\_\_ Credit Card \_\_\_\_\_

I am using a referral discount \_\_\_\_\_ (√) Name(s) of referral \_\_\_\_\_

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 would need to be requested in writing.**

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

**NEW PARTICIPANTS ONLY:**

How did you hear about CMW? Paper \_\_\_\_\_ Radio \_\_\_\_\_ Web Site \_\_\_\_\_ Friend \_\_\_\_\_ Flyer \_\_\_\_\_ Other \_\_\_\_\_

**PARTICIPATION PERMISSION SLIP AND RELEASE**

**I approve of my son/daughter (student's name) \_\_\_\_\_**  
 participating in the production of Back to the '80's presented by Children's Music Workshop (herein referred to as CMW). As Student's Parent or Guardian, I release CMW 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 CMW. I agree that I will make no claim or demand against CMW if an injury or accident occurs during a workshop provided by CMW. 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 CMW includes all employees, volunteers and other staff of CMW. **I also give permission to release my child to my emergency contact listed above.**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**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 WWW.CMWONLINE.ORG**