

Registration Form
 Children's Music Workshop presents
2011 Summer Musical Theatre Workshops

(Please complete both sides of this registration form and use a separate form for each child you wish to register - photocopies are acceptable)

Student's Name: _____ Phone: _____

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

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

Parent's Email: (will be used for confirmation of registration and other CMW information) _____

Emergency Contact Name: _____ Phone: _____

School: _____ Grade (Fall '11): _____ M/F: _____ Birth Date: _____ Age: _____

IMPORTANT: Workshops are offered on a first-come-first-served basis. Workshop availability is subject to registration volume. A CMW representative will contact you by email to confirm your registration.

I'm registering for (please circle or check weeks):

Broadway Bound Performance Workshop (Grades 1 - 12) \$150 each week

<input type="checkbox"/> July 11 - 15	Lake Michigan College, Hanson Theatre, Benton Harbor
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Broadway Bound Performance Workshop (Grades 1 - 6) \$150 each week

<input type="checkbox"/> July 18 - 22	The Twin City Players Playhouse, 600 W. Glenlord Rd., St. Joseph
<input type="checkbox"/> August 1 - 5	

Broadway Week (Grades 6 - 12) \$150 each week

<input type="checkbox"/> July 25 - 29	The Twin City Players Playhouse, 600 W. Glenlord Rd., St. Joseph
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CMW University Workshop (Grades 6 - 12) \$170 (Audition required) + \$15 mandatory t-shirt fee (see below)

<input type="checkbox"/> August 8 - 12 READ IMPORTANT AUDITION INFO!!!	Location: The Twin City Players Playhouse, 600 W. Glenlord Rd., St. Joseph <u>NEW CAST MEMBERS:</u> Auditions for available openings: May 15 @ 2:30 pm , Twin City Players, The Studio, 600 W. Glenlord, St. Joseph; you will be emailed audition details upon receipt of your registration. Auditions are rigorous and students are cautioned to prepare actively for the audition. If accepted , payment is due no later than 5/31/11 or your spot will not be held. You will be contacted by May 18 th with Audition approval or rejection. <u>RETURNING 2010 CAST MEMBERS - IMPORTANT - PLEASE READ:</u> You must attend auditions on May 18 @ 5:30 pm, at TCP, The Studio. Walk-in auditions will not be allowed - pre-registration is required. Please contact CMW if you have a conflict with the audition date. To guarantee participation you must register prior to May 1 . After May 1 st any open spots will be offered to new cast members . After 5/1 participation is not guaranteed for returning cast members. PLEASE NOTE: New Cast Member Auditions occur BEFORE returning cast member auditions and open spots WILL be filled if returning cast members have not registered. Please send payment with this form. <p style="text-align: center;">(2011 high school graduates are eligible to participate in University)</p>
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Optional T-shirts (not including University Week)

Student's T- Shirt size: (Circle one) Youth: M L Adult: S M L XL
 (T-shirts must be ordered by June 17th - Do not purchase after that date.)

T-shirts are required for University Week. Returning University cast members may order a new shirt if they desire but do not need to purchase one **if their old shirt is in good condition. Please indicate size above if ordering.**

PAYMENT

Number of workshops: _____ T-shirt Fee \$ _____ Total \$ _____ Payment by: Check _____ Credit Card _____

All information required for credit card charges — please print clearly \$3.00 processing charge added to each credit card charge	
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 = \$ _____ credit card charge	
(You may combine multiple items/registrations, etc. into one credit card charge to save on processing fees)	
Signature of card holder: _____	Date: _____

For Office Use: Scholarship # _____ Scholarship Amount \$ _____

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.

REFUND POLICY

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

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

Parent/Guardian Signature: _____ Date: _____

PUBLICITY/PROMOTIONAL ACTIVITIES

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 _____

Parent/Guardian Signature: _____ Date: _____

ALLERGIES AND MEDICAL CONDITIONS

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

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 _____

participating in the 2011 Summer Theatre Workshops presented by Children's Music Workshop (herein referred to as the Company). As Student's Parent or Guardian, I release the Company, and the facility where workshop is being held, 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, and the facility where workshop is being held, 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 participating in the 2011 Summer Theatre Workshops. **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 NEED SCHOLARSHIPS ARE AVAILABLE!

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