

REGISTRATION FORM

CMW's production of *Once On This Island Jr.*

(Open to Grades 1 – 12)

Rehearsals begin January 11, 2012 – St. Paul's Lutheran School
Show Dates: April 13, 14, 15, 2012 - Lakeshore High School Auditorium
Early Registration is Recommended – Please Keep a Copy of Production Schedule Below

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 '11): \_\_\_\_\_ M/F: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

PRODUCTION SCHEDULE & IMPORTANT INFORMATION:

Parent & Participant Orientation Meeting: Wednesday, January 11 at 6:00 pm
Participants stay until 7:30 pm to prepare for auditions

- 1. Auditions: Saturday, January 14. Attendance on audition day is required unless previously approved.
Audition Day Schedule: 1st – 2nd graders: 9:00 – 9:30 am. 3rd – 12th graders: 9:30 am – 1 pm.
2. Weekly Rehearsals\*\*\*: St. Paul's Lutheran School, 2673 W. John Beers Road, Stevensville, MI.
Saturday rehearsals are 9:00 am to 1:00 pm beginning Saturday, January 14 and each Saturday thereafter through April 7.
\*\*\*Leaving early, arriving late, or missing rehearsals for birthday parties/social events/non-school sporting events is not acceptable without approval from the Director in ADVANCE.\*\*\*
3. Mid-Week Rehearsals: Will begin sometime in February as determined by Directors, one night a week.
Please list any week-night conflicts your child may have under Conflicts below.
4. Mandatory Tech & Final Rehearsals: April 9, 10, 11, 12, 2012.
(Do NOT register your child if they will miss any of these dates or any performance dates.)
5. Performances: April 13, 14 & 15, 2012, Lakeshore High School, Stevensville, MI.

CONFLICTS:

Please list any scheduled vacations or other conflict dates the student will NOT attend rehearsal\*:

\*We must know about any possible conflicts prior to auditions. Please see note about missing rehearsals above.
Any missed blocking rehearsals may result in student not participating in those numbers during performances.

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

Sibling Discount: Take \$25.00 discount if registering 2 or more siblings. One sibling discount per family.

Referral Discount: 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, friends and family)

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

REFUND POLICY:

If you withdraw from the production prior to January 7, 2012 you will be charged \$50. After January 7, 2012 your registration fee is non-refundable but 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: \_\_\_\_\_

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

**PAYMENT:** Payment by: Check \_\_\_\_\_ Credit Card \_\_\_\_\_ (✓)

**Registration Fee:** \$ \_\_\_\_\_ \$190 (no scholarship donation)

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

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

**Sibling Discount:** -- \$ \_\_\_\_\_

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

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

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

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.**

<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: _____

**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><b>I approve of my son/daughter (student's name)</b> _____ participating in the production of <i>Once On This Island Jr.</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. <b>I also give permission to release my child to my emergency contact listed above.</b></p> <p>Parent or Guardian Signature: _____ Date: _____</p> <p>Printed Name: _____</p>
---

**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**