

REGISTRATION FORM

CMW's production of *Joseph and the Amazing Technicolor Dreamcoat*

(Open to Grades 1 – 12)

Rehearsals begin August 23, 2017 – St. Paul's Lutheran School

Show Dates: November 10, 11 & 12, 2017 – LMC Mendel Center Mainstage

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 email notes, and other CMW info)

Emergency Contact Name: _____ Phone: _____

School: _____ Grade (Fall '17): _____ M/F: _____ Birth Date: _____ Age: _____

PRODUCTION SCHEDULE: Parent & Participant Orientation Meeting: Wednesday, August 23, 6 - 7:30 pm

1. **Auditions:** Saturday, August 26, 2017. 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 – 1:30 pm.
2. **Weekly Rehearsals***:** St. Paul's Lutheran School, 2673 W. John Beers Road, Stevensville, MI.
Saturday rehearsals: 9 am to 1:30 pm August 26 – November 4, 2017, for full cast.
Please bring a lunch.
Specific small groups (TBD) will rehearse from 1:45 – 3:30 pm on Saturdays.
Indicate any conflicts you have with rehearsals below, including weeknights you are unavailable.
3. **Mandatory Tech/ Final Rehearsals:** November 6,7,8,9, 10, 2017 – LMC Mendel Center Mainstage.
(Do NOT register your child if they will miss any of these dates or any performance dates.)
4. **Performances:** November 10, 11 & 12, 2017 – LMC Mendel Center Mainstage

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

*****Leaving early, arriving late, or missing rehearsals for birthday parties/social events/non-school sporting events is not acceptable without prior approval from the Director*****

*We **must** know about any possible conflicts prior to auditions. Please see note about missing rehearsals above. Any unexcused absences may result in student not participating in a specific number during performances or parts being re-assigned.

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

Sibling Discount: Take \$25.00 discount if registering two 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 feel free to 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 August 10, 2017** you will be charged \$50. **After August 10, 2017 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: \$ _____ \$200 (no scholarship donation)
Optional Donation: \$ _____ \$20 \$50 \$100 \$_____ Other
Optional T-Shirts: \$ _____ (# of t-shirts x \$15 each)
Sibling or Referral Discount(s): \$ _____ **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 are not eligible for future scholarships without obtaining permission from the CMW Board of Directors. Permission must be requested in writing.

HOMESCHOOL PARTNERSHIP PARTICIPANTS----a deposit of \$25.00 per student/maximum of \$50 per family is required to reserve your spot and is non-refundable if student withdraws from the program. Your deposit may be applied to purchase of tickets, DVD or T-shirts after registration fees are paid in full by the Homeschool Partnership program.

Homeschool Participant Deposit: \$ 25.00 or \$50.00 family Total students enrolled _____

All information required for credit card charges – please print clearly

<p>2.75% surcharge 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: \$ _____ + 2.75% surcharge = \$ _____ credit card charge 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 fundraiser, 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. Sign-ups to volunteer are done online. Links to sign-up are sent to you after rehearsals begin. **We need your help** with: Costumes, Make-up, Hair, Props, Set Construction, Stage Crew, Set Strike, Backstage Supervision, Ushers, Concession, and more. Please sign up early!

PARTICIPATION PERMISSION SLIP AND RELEASE

<p>I approve of my son/daughter (student’s name) _____ participating in 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 CMW or while traveling to and from a CMW event. I agree that I will make no claim or demand against CMW if an injury or accident occurs. 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 Children’s Music Workshop. I also give permission to release my child to my emergency contact listed above. Parent or Guardian Signature: _____ Date: _____ 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