

Registration Form

Children's Music Workshop presents
2019 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 info) _____

Emergency Contact Name: _____ Phone: _____

School: _____ Grade (Fall '19): _____ M/F: _____ Birth Date: _____ Age: _____

101 Dalmations Kids! Please circle or check weeks you are attending. (\$175 per week)

<input type="checkbox"/> June 24-28 week	Lake Michigan College, Hanson Theatre, Benton Harbor <i>(Going into Grades 1-8 in Fall 2019)</i>
<input type="checkbox"/> July 15-19 week	Lake Michigan College, Hanson Theatre, Benton Harbor <i>(Going into Grades 1-8 in Fall 2019)</i>
<input type="checkbox"/> July 29 – August 2 week	Lake Michigan College, Hanson Theatre, Benton Harbor <i>(Going into Grades 1-8 in Fall 2019)</i>

REFUND POLICY

Tuition for available workshops is **non-refundable**. CMW will contact you if a workshop you requested is not available and your tuition fee will be returned. Tuition may be considered a tax-deductible contribution to CMW if you withdraw from the workshop prior to the workshop week. **I understand the refund policy as certified by my signature below.**

Parent/Guardian Signature: _____ Date: _____

SIBLING DISCOUNT *(Discount does not apply if you are receiving scholarship funds)*

Sibling Discount: Subtract \$10.00 if registering siblings for 101 Dalmations Kids! *(One sibling discount per family)*

PAYMENT

by: Check _____ Credit Card _____ (✓)

Registration Fee: \$ _____ (\$175 x number of workshops)
 Optional Donation: \$ _____ (scholarship fund donation)
 Sibling Discount: -- \$ _____ Name of sibling _____
TOTAL ENCLOSED: \$ _____

All information required for credit card charges – please print clearly 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: _____	

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

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.

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: _____

PARTICIPATION PERMISSION SLIP AND RELEASE

I approve of my son/daughter _____

participating in the 2019 Summer Theatre Workshops presented by Children's Music Workshop (CMW). As Student's Parent or Guardian, I release CMW, 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 CMW. I agree that I will make no claim or demand against CMW, and the facility where workshop is being held, 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 participating in the 2019 Summer Theatre Workshops. **I also give permission to release my child to my emergency contact listed above.**

Parent or Guardian Signature: _____ Date: _____

Printed Name: _____

SCHOLARSHIPS: FINANCIAL NEED SCHOLARSHIPS ARE AVAILABLE!

Visit our web site at www.cmwonline.org to print out a scholarship application.

Children's Music Workshop
www.cmwonline.org
269-422-2930

PAYMENT INSTRUCTIONS:

Mail Registration Form, along with check made payable to "CMW" to:

(If requesting a financial-need scholarship, please include the scholarship application instead of payment.)

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.

IMPORTANT:

Workshops are offered on a first-come-first-served basis. Space is limited so register early. Workshop availability is subject to registration volume.

A CMW representative will contact you by email to confirm your registration.