

**WHEN:**

6 Saturdays  
Jan 20th-Feb 24th 2018

**WHERE:**

Girls, Inc.  
531 East Ortega Street  
Santa Barbara, CA 93103

**AGE:**

14-18 yrs old

**CLASS 1: Principles of Acting/Mask Workshop**

10am–12pm for 6 Saturdays  
Instructor: Marcus Giamatti

**CLASS 2: Improvisation Technique**

12pm–2pm for 6 Saturdays  
Instructor: Michael Bernard

**CLASS 3: Acting Shakespeare**

2pm–4pm for 6 Saturdays  
Instructor: Alish Riggs

**ENROLLMENT AND TUITION:**

Please enroll me in (check one):

- 1 class for 6 weeks — **TUITION: \$180.00** — Circle which class you choose: **CLASS 1** **CLASS 2** **CLASS 3**
- 2 classes for 6 weeks — **TUITION: \$300.00** — Circle the two classes you choose: **CLASS 1** **CLASS 2** **CLASS 3**
- All 3 classes for 6 weeks — **TUITION: \$420.00**

**PAYMENT INFORMATION:**

- Check (made payable to **Ensemble Theatre Company**)
- Credit Card (circle one):    MASTERCARD    VISA    AMERICAN EXPRESS    DISCOVER

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CID/Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ \$ Total Amount \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TO ENROLL:**

Scan and email completed form to:  
mgiamatti@etc.sb.org  
**or**  
Mail completed form to:  
Ensemble Theatre Company  
PO Box 2307  
Santa Barbara, CA 93120

**TO PAY:**

Mail check or  
credit card info to:  
Ensemble Theatre Company  
PO Box 2307  
Santa Barbara, CA 93120  
**or**  
Call 805-965-5400, X109

Classes are filled on a first-come, first-served basis. Scholarships are available. For more information, email Marcus Giamatti at [mgiamatti@etc.sb.org](mailto:mgiamatti@etc.sb.org).

All accounts must be paid in full by **Friday, January 5th, 2018** (two weeks before start of class).

**Cancellation Policy:** Cancellations made by December 22nd, 2017 will receive a 50% refund. Cancellations made after December 22nd are completely non-refundable.

**PLEASE PRINT CLEARLY**

Student Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Student Home Phone \_\_\_\_\_

Student Email \_\_\_\_\_ Is email an effective means of communication with you?  YES  NO

Student Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in September 2017 \_\_\_\_\_

School \_\_\_\_\_ Drama Teacher \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

.....

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Cell Phone(s) \_\_\_\_\_

Parent/Guardian Email(s) \_\_\_\_\_

Parent/Guardian Work Phone(s) \_\_\_\_\_

.....

Health Insurance Carrier and Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

.....

**PERSON TO CONTACT IN AN EMERGENCY** if Parent/Guardian is not available:

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please note any physical conditions of which medical personnel should be aware:

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications student takes on a regular basis:

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications or food known to cause an allergic reaction:

\_\_\_\_\_  
\_\_\_\_\_

.....

I give representatives of ETC permission to seek emergency medical care for \_\_\_\_\_ in the event that I cannot be reached or until I am able to be present.

**X**  
\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**X**  
\_\_\_\_\_  
DATE