

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

YOUNG ACTORS CONSERVATORY

AGE:
14-18 yrs old

WHEN:
July 10th–July 27th
10am–2pm

WHERE:
The New Vic
33 West Victoria St.
Santa Barbara, CA

TUITION:
\$999

TO ENROLL:

Scan and email completed form to:
mgiamatti@etscb.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@etscb.org.

All accounts must be paid in full by **Tuesday, June 26th, 2018** (two weeks before start of class).

Cancellation Policy: Cancellations made by May 30th, 2018 will receive a 50% refund.
Cancellations made after May 30th are completely non-refundable.

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
