

**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-4pm

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

**TUITION:**  
\$999

#### TO ENROLL:

Scan and email completed form  
to: [bmcDonald@etcsb.org](mailto:bmcDonald@etcsb.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 Brian McDonald at [bmcDonald@etcsb.org](mailto:bmcDonald@etcsb.org).

All accounts must be paid in full by **Tuesday, July 5th, 2018**.

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

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#### PAYMENT INFORMATION:

Check (made payable to **Ensemble Theatre Company**)

Credit Card (circle one):    MASTERCARD    VISA    AMERICAN EXPRESS    DISCOVER

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Card Number Exp. Date    CID/Security Code

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Name on Card

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Signature \$ Total Amount

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Billing Address City    State    Zip

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