



**ACT Out East**  
**Showcase Program Registration**  
**Spring 2011**  
**March 12 – June 11, 2012**  
**Mondays 5:30-7:00PM**

**Mail to: ACT out East, P.O. Box 2019, Riverhead, NY 11901**  
**or Fax to 653-3471**

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_ Age \_\_\_\_\_

School/Grade: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address Home: \_\_\_\_\_

Mailing: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent(s) Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

Pediatrician Name and Phone: \_\_\_\_\_

People who have authorization to drop off/pick up student(Name/Phone):

\_\_\_\_\_

\_\_\_\_\_

Please circle: I do / do not give my child the permission to arrive and leave class unattended

Please briefly list previous experience/training in the performing arts and any special needs you feel may help us in working with your child:

\_\_\_\_\_

\_\_\_\_\_

**Please Check One:**

“Wizard of Oz” Ages 6-9 \_\_\_\_\_

“Wicked” Ages 10 and up \_\_\_\_\_

Tuition \$425 (includes t-shirt)

T-shirt size: Youth S (6-8) \_\_\_\_\_ M (10-12) \_\_\_\_\_ L (14-16) \_\_\_\_\_ Adult S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_

Check enclosed \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card: MC \_\_\_\_\_ VISA \_\_\_\_\_ Discover \_\_\_\_\_ Amex \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 digit code: \_\_\_\_\_

Amount Authorized: \_\_\_\_\_ Cardholder Name/Signature: \_\_\_\_\_

*Please note there will be no refunds after the first day of class. ACT Out East reserves the right to dismiss any student who is disruptive.*

<p><i>For Office Use Only:</i>  Date Received: _____ Amount Paid: _____</p>
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