



2019 FALL Classes Youth Theater Experience

Student's Name: _____ Age: _____

Check or Credit Card Payments:
MAIL registration form w/payment to:
ThinkBIG! Theater Arts, Inc.
Attn: Heather Thorgersen
42 South Ocean Avenue
Patchogue, NY 11772
Or email: Heather@thinkbigtheaterarts.org

Please make check payable to:
ThinkBIG! Theater Arts, Inc.

From Page to Stage: Actors ages 3yrs-5yrs

Thursdays, 5pm - 5:45pm
Sept. 12th - Nov. 21st (no class 10/31)
Informance Performance on last day of class Nov. 21st
NEW: \$145 RETURNING: \$125

Goldilocks & 3 Pigs: Actors ages 6yrs- 9yrs

Thursdays, 6pm - 8pm
Sept. 12th - Nov. 7th. Tech reh: Nov. 6th, 7th & 8th
Perf: Nov. 9th @1pm & 4pm, Nov. 10th @1pm
NEW: \$225 RETURNING: \$200

Hansel & Gretel: Actors 9yrs- 13yrs

Tuesdays, 6pm -8pm
Sept. 10th - Nov. 12th Tech Reh: Nov. 14th & 15th
Perf: Nov. 16th @1pm & 4pm, Nov. 17th @ 1pm
NEW: \$250 RETURNING: \$225

TEEN SCENE: Alice in Wonderland ages 13- 19

Wednesdays 6pm - 8pm
Sept 11th - Nov. 20th Tech: Nov. 21st & 22nd 6pm - 9pm
Perf: Nov. 23rd & 24th at 11am, Nov. 29th (Fri) @ 11am, Nov. 30th @11am & 1pm
TEEN SCENE MEMBERSHIP FEE: \$50.00

Amount Due: _____

Parent/Guardian: _____

Email address: _____

Best Phone Number: _____ Emergency Name/ #: _____

Student's Allergies, health concerns, etc. Anything we should know to help make your experience the most successful:

LIABILITY AND PHOTO RELEASE

- I hold ThinkBIG! Theater Arts, Inc. harmless against all claims or demands arising from my/ my child(ren)'s participation in workshops.
- I hereby give ThinkBIG! Theater Arts, Inc. permission for emergency medical treatment, in the event that my guardians cannot be reached in a timely manner.
- ThinkBIG! Theater Arts, Inc. is not responsible for lost or stolen items. Please bring what you need.
- All photographs and video resulting from participation in theater projects and programs will become the property of ThinkBIG! Theater Arts, Inc. to be used in promotion on website, newsletters, social media, and promotional materials. For confidentiality, no names will be associated with photos/videos.

Signature of Parent/Guardian

Date

Payment Info: AMOUNT: _____

Check Enclosed Check # _____

VISA MC AMEX

Credit Card # _____

Exp Date _____ CVV (on back) _____

Name as it appears on card _____

Billing Address _____

Upon receipt of registration form and tuition we will send a confirmation email.