

Manitoba Theatre for Young People

ARTISTIC DIRECTOR: LESLEE SILVERMAN THEATRE SCHOOL DIRECTOR: KENT SUSS

THEATRE SCHOOL AND STAGE DOOR CLUB REGISTRATION FORM

FOUR EASY WAYS TO REGISTER!

1. In person 2. By phone 3. By mail 4. By fax.

MTYP Canwest Performing Arts Centre 2 Forks Market Road, Winnipeg, MB R3C 4X1 **947-0394, extension 230.**

FAX: 943-4129 Toll-free in Manitoba: 1-877-871-MTYP (6897)

Name of Student: _____

Address: _____ City: _____ Postal Code: _____

Phone Number: _____ Email: _____

Yes, I would like to receive the Theatre School newsletter and important updates from MTYP.

Male Female Age: _____ Date of Birth : _____

____ # of years enrolled at MTYP ____ # of years enrolled at another Theatre School (please specify: _____)

Mother's/Guardian's name: _____ Work Phone: _____ Cell Phone: _____

Father's/Guardian's name: _____ Work Phone: _____ Cell Phone: _____

Alternate phone # for emergencies: _____

Signature verifying that: (check all that apply)

Student has permission to be enrolled in the School

MTYP has permission to use publicity photos of the student

Student has permission to participate in supervised outdoor activities

For film students only: MTYP has permission to show class video projects at festivals and on the web.

(Signature of parent or guardian)

Medical information that the instructor should be aware of to prepare for the class (e.g. allergies, ADD/ADHD, medications, etc.)

Note: If your child has severe allergies or health concerns and you wish to provide us with more information, please request an Emergency Health Form.

FIRST COURSE: _____

Day & Time: _____

Course Code: _____ Price: _____

Length of Course: 22-26 weeks 8-10 weeks

1 week camp

PAYMENT:

Subtotal Course Fee: \$ _____

(includes non-refundable membership fee)

Subtract applicable discounts

Family Discount - \$ _____

Additional Course Discount - \$ _____

SECOND COURSE: _____

Day & Time: _____

Course Code: _____ Price: _____

Length of Course: 22-26 weeks 8-10 weeks

1 week camp

Total Course fees after discounts \$ _____

Add 1% building maintenance fee + \$ _____

**Amount Owing for
Theatre School Classes**

\$ _____

THEATRE SCHOOL AND STAGE DOOR CLUB REGISTRATION FORM (page 2)

MAINSTAGE CONNECTION PACKAGE (SELECT from the choices below):

- MTYPeanut Gallery:** 3 plays for 3-year-olds:

Aga-Boom, Holy Cow, Goodnight Moon

1 Free plus _____ x (\$35.40 + GST) \$37.17 = \$ _____

- Add The Perfect Unknowns

1 Free plus _____ x (\$47.20 + GST) \$49.56 = \$ _____

- Discovery:** 5 plays for ages 4-7:

Aga-Boom, Jungle Book, Holy Cow, The Perfect Unknowns, Goodnight Moon

1 Free plus _____ x (\$61 + GST) \$64.05 = \$ _____

- Prime Series:** 5 plays for ages 8-12

Aga-Boom, Jungle Book, Forbidden Phoenix, Beneath the Banyan Tree, Holy Cow (ages 8-10) OR Black Violin (ages 11-12) (*select one*),

1 Free plus _____ x (\$61 + GST) \$64.05 = \$ _____

BONUS: *The Shakespeare Company production of A Midsummer Night's Dream, specially crafted to engage and introduce young people to the magic of Shakespeare.*

Note: Children 12 and under must be accompanied by a subscriber. Limit of 3 paid subscriptions per Theatre School student.

Name of subscriber accompanying child: _____

- MAINSTAGE CONNECTION PASS FOR TEENS:** 5 plays for teens

Aga-Boom, An Illustrated History of the Anishnabe, Forbidden Phoenix, Black Violin, Rick

1 Free plus _____ x (\$25 + GST) \$26.25 = \$ _____

BONUS: *The Shakespeare Company production of A Midsummer Night's Dream*

Amount Owing for Mainstage Connection Packages and/or Passes = \$ _____

Enclosed is:

- Payment for Mainstage Connection amount

- Full Payment for Theatre School Class

OR First installment for classes \$ _____ Second installment for classes due October 30, 2009 \$ _____

(Half-payment is only available for classes in the 22-26-week session. Post-dated cheque or permission to charge balance to credit card is required at time of registration.)

Method of payment:

- Cheques* ***A \$20.00 charge will be applied to all NSF cheques.**

- Cash Debit Visa Mastercard

Credit Card #: _____ Expiry Date: _____

Signature: _____

- Please charge the second payment to my credit card.

I hereby grant my consent to MTYP to use any of the above information to contact me with information regarding upcoming programs and promotions during the 2009-2010 season.

(Signature) _____

FOR OFFICE USE ONLY

DATE REGISTERED: _____ CARD AUTH: _____ INITIAL: _____ TM: _____