

www.VoiceTheatre.org

P.O. Box 353, Bearsville, NY, 12409 Studio: 917 494 6273 Box Office: 845 679 0154

Registration Form

July 21-27, 2025

Workshops will be held at Bethany Hall, 272 Wall Street, Kingston, NY

PLEASE PRINT AND COMPLETE THIS FORM, SEND WITH PAYMENT TO:

Voice Theatre, PO BOX 353, BEARSVILLE, NY, 12409 CHILD'S INFORMATION: (YOU CAN LIST UP TO 3 CHILDREN ON THIS FORM) *IMPORTANT: Make sure to include your child's age to ensure they are placed in the proper group. My Child is vaccinated against COVID, YES NO DATE(s) of Vaccination FIRST NAME, LAST NAME, D.O.B/AGE, GRADE ENTERING IN FALL Preferred Pronouns PARENT/GUARDIAN'S INFORMATION: GUARDIAN'S NAME GUARDIAN'S NAME _____ GUARDIAN'S WORK /HOME PHONE NUMBER ______ GUARDIAN'S WORK /HOME PHONE NUMBER ______

CONTINUE TO PG. 2 FOR PAYMENT FORM

OTHER/GUARDIAN'S NAME/WORK/HOME PHONE NUMBER/CELL
OTHER/GUARDIAN'S NAME/ WORK/HOME PHONE NUMBER/CELL
PAYMENT
REGISTRATION FORMS WILL NOT BE ACCEPTED WITHOUT PAYMENT PLEASE FILL OUT THE FOLLOWING INFORMATION CAREFULLY REGISTRATION FEE: \$310 PER CHILD. Early—Bird (before June 1st) \$290 PER CHILD.
BEFORE June 1st:
All registrations before June 1st receive the early-bird discount. \$299.00 x (# of children) # of sibling discount TOTAL
\$315.00 x (# of children)# of sibling discountTOTAL
METHOD OF PAYMENT: CHECK
Please mail check to:
Voice Theatre
Summer Youth Workshop
PO Box 353
Bearsville, NY 12409
or
Drop check or cash off at the Voice Theatre office:
13 Wittenberg Road
Bearsville, NY, 12409

PAYMENT MUST BE MADE IN FULL IN ORDER TO REGISTER YOUR CHILD OR CHILDREN; DEPOSITS WILL NOT BE ACCEPTED. REFUNDS FOR THE WORKSHOP ENROLLMENT WILL BE AUTHORIZED UNTIL JUNE 1, 2025. A \$25 ADMINISTRATIVE FEE WILL BE DEDUCTED FROM ALL REFUNDS. THERE ARE NO REFUNDS ON MERCHANDISE OR PERFORMANCE TICKETS. REFUNDS WILL NOT BE AUTHORIZED AFTER JUNE 1, 2025; THERE ARE NO EXCEPTIONS.