



www.VoiceTheatre.org

Mailing Address: P.O. Box 353, Bearsville, NY, 12409

Studio: 917 494 6273 Box Office: 845 679 0154

Registration Form

All workshops held at 272 Wall Street at Old Dutch, Kingston, NY

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

Info@voicetheatre.org or send to:

Voice Theatre PO BOX 353, BEARSVILLE, NY, 12409

CHILD'S INFORMATION: (YOU CAN LIST UP TO 2 CHILDREN ON THIS FORM)

FIRST NAME, LAST NAME, D.O.B/AGE, GRADE

1) _____

2) _____

PARENT/GUARDIAN'S INFORMATION:

MOTHER/GUARDIAN'S NAME _____

FATHER/GUARDIAN'S NAME _____

MOTHER/GUARDIAN'S WORK/HOME PHONE NUMBER _____

FATHER/GUARDIAN'S WORK/HOME PHONE NUMBER _____

OTHER/GUARDIAN'S NAME/WORK/HOME PHONE NUMBER/CELL _____

OTHER/GUARDIAN'S NAME/ WORK/HOME PHONE NUMBER/CELL _____

MOTHER/GUARDIAN'S CELL PHONE NUMBER _____

FATHER/GUARDIAN'S CELL PHONE NUMBER _____

MOTHER/GUARDIAN'S E-MAIL _____

FATHER/GUARDIAN'S E-MAIL _____

PAYMENT

PLEASE FILL OUT THE FOLLOWING INFORMATION CAREFULLY

FEE: \$150 PER CHILD

IF PAYMENT IS WAIVED, PLEASE CHECK THE BELOW BOX

PAYMENT WAIVED:

METHOD OF PAYMENT:

_____ CHECK

Please mail check to:

Voice Theatre
Teen 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

IF PAYMENT IS APPLICABLE, PAYMENT MUST BE MADE IN FULL IN ORDER TO REGISTER YOUR CHILD OR CHILDREN; DEPOSITS WILL NOT BE ACCEPTED.