

MUSICAL THEATRE WORKS

-SUMMER 2010 REGISTRATION FORM-

| STUDENT'S NAME (Please PRINT) | GRADE (in <u>Fall</u> 2010) | SCHOOL |
|-------------------------------|--|------------|
| _____ | SUMMER PROGRAM #1 (Three-weeks - June 14-July 2, 2010) | \$1,190.00 |
| _____ | SUMMER PROGRAM #2 (Three weeks - July 5-July 23, 2010) | \$1,190.00 |
| _____ | SUMMER PROGRAM #3 (Three weeks - July 26-August 13, 2010) | \$890.00 |
| _____ | SUMMER PROGRAM #4 (<u>Two</u> weeks - August 16-August 27, 2010) | \$595.00 |

****STUDENTS MAY ENROLL IN ONE OR MORE PROGRAMS****

*** A DEPOSIT OF \$200.00 IS REQUIRED TO RESERVE YOUR CHILD'S SPACE IN MTW***

CANCELLATION/REFUND POLICY: Deposits are not refundable after JUNE 4, 2010. If you cancel before classes begin, we will refund tuition less a \$50.00 processing fee and deposit. After the first day of classes, no refunds will be given.

PLEASE MAKE CHECKS PAYABLE TO 'MUSICAL THEATRE WORKS', AND WRITE YOUR CHILD'S NAME AND 'SUMMER PROGRAM' ON THE CHECK. Mail your payment, registration and emergency information forms, in the enclosed envelope, as soon as possible.

PARENT SIGNATURE

DATE

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I wish to pay by check: AMOUNT ENCLOSED: \$_____

I wish to pay by Credit Card: (**Visa or Mastercard**) - A 3% processing fee will be applied to all credit card orders).

CREDIT CARD # _____ / _____ / _____ / _____ EXP. DATE _____ / _____ **BILLING** ZIP CODE _____

PRINT YOUR NAME _____ PHONE NUMBER _____

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_____ I WOULD LIKE TO APPLY FOR FINANCIAL ASSISTANCE. PLEASE SEND ME THE FORMS.

_____ I WOULD LIKE TO REQUEST A PAYMENT PLAN (CREDIT CARD PAYMENTS REQUIRED)

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OFFICE USE ONLY

TOTAL TUITION: \$ _____ DEPOSIT RECEIVED: \$ _____ TUITION BALANCE: \$ _____