

B V R E S C
MR _____

2007-2008 Registration Form

Pennsylvania Youth Theatre School of Performing Arts

At The Banana Factory - 25 W. Third Street, Bethlehem PA 18015 Phone: 610-332-1400 Fax: 610-332-1405 www.123pyt.org

Please register as soon as possible — classes fill early. Photocopy this form for additional students.

Student's Name _____ () Male () Female Age _____ Date of Birth ____/____/____

Grade _____ School _____ District of Residency _____

Home Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

E-mail address to receive PYT info & updates (optional): _____

Parent/Guardian _____ Employer _____

Parent/Guardian _____ Employer _____

Number of years as a PYT student _____ How did you hear about PYT? _____

___ YES – I give permission for PYT to use any picture, electronic image and/or audio/video recording of my child for promotional purposes.

___ YES – I would like to volunteer as a class parent.

PLEASE REGISTER MY STUDENT FOR THE FOLLOWING CLASS(ES):

1. Class _____ Day _____ Time _____ Tuition \$ _____

2. Class _____ Day _____ Time _____ Tuition \$ _____

3. Class _____ Day _____ Time _____ Tuition \$ _____

4. Class _____ Day _____ Time _____ Tuition \$ _____

SUB TOTAL \$ _____

MINUS DISCOUNTS \$ _____

PLUS REG. FEE \$ _____

TOTAL BALANCE DUE \$ _____

DISCOUNTS - Take advantage of a 10% discount if you pay in full by September 17, 2007. A 10% discount can be taken for Dance Program classes if the student is also enrolled in a Drama Class Program. Discounts may not be combined and do not apply to scholarships. Call PYT's Business Manager at 610-332-1402 with questions regarding discounts and/or fees.

AGREEMENT: I have read and agree to comply with the stated Policies and Procedures of PYT

Parent/Guardian Signature: _____

T-shirt Size (circle one) Youth-S Youth-M Youth-L Adult-S Adult-M Adult-L Adult X-L

* T-shirts are provided for all full-year drama students

Enclosed is my payment of \$ _____ (Please make checks payable to PYT)

Please charge my MasterCard Visa \$ _____

Name on Card (Please Print) _____

Account Number _____ Exp. Date _____ Security Code _____

Cardholder's Signature _____