

**A MUSICAL THEATER WORKSHOP FOR
Middle School Students**

**SCORE!
APPLICATION**

APPLICANT INFORMATION

Name:		
Date of birth:	E-mail:	Preferred Phone:
Current address:		
City:	State:	ZIP Code:
School:	Yrs. Attended:	Grade in Fall 2017:

PARENT/GUARDIAN INFORMATION

Student Lives With:		
Mother's Name:	E-mail:	Work/Cell Phone:
Father's Name:	E-mail:	Work/Cell Phone:

EMERGENCY CONTACT

Name of an adult not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Family Physician:		
Allergies:	Special Conditions/Medications Taken:	

REFERENCES

Please list adults you have worked with that would be able to attest to your work habits, interests, and skills.

Reference #1:	Email or phone:
Relationship:	How Long?
Reference #2:	Email or phone:
Relationship:	How Long?

HOW DID YOU FIND OUT ABOUT SCORE! ?

Teacher	School presentation
Friend	Other

SIGNATURES

I verify the information provided on this form as to my background and interests.

Signature of applicant:	Date:
Signature of Parent (<i>permission to participate</i>):	Date:

Return this form (both sides) and the \$50 (nonrefundable) registration fee to:
SCORE!
Embassy Theatre
125 W. Jefferson Blvd.
Fort Wayne, IN 46802

INTEREST INVENTORY

Please circle all that interest you. Comment if you wish.

Writing	Stagecraft	Acting	Directing	Sound	Lighting
Music Composition	Musical Instruments	Theater Business	Advertising	Dancing	Choreography
Performance Experience:					

USE THE SPACE BELOW:

Write an description of yourself, your interests, your hopes, and include your expectations for SCORE!.

Embassy Theatre
2017

Dear Parents:

During the SCORE! program, your child may be given various opportunities to participate in purposeful trips outside of the theater. Please sign this permission slip and return it immediately. This permission slip will be kept on file as permission for your child to attend all activities held away from the Embassy Theatre.

You will be informed of the time and place of each trip in which your child will be involved. If you prefer that your child not participate in a trip, please contact the Embassy Theatre at 260.424.5665.

Field Trip Permission

I give my permission for my child to participate in trips provided by Embassy Theatre during the 2017 SCORE! program.

Student Name (**Please Print**) _____

Parent Signature _____ Date: _____

Permission to Photograph

The Embassy Theatre may photograph/videotape your child throughout the SCORE! program for the purpose of illustration in any advertising or publicity media for the theatre or for the purpose of educational programming or training for adults.

I give my permission for my child to be photographed/videotaped for educational or promotional purposes during the 2017 SCORE! program.

Student Name (**Please Print**) _____

Parent Signature _____ Date: _____



2017 SCORE! Payment Information

Please sign and return with registration form.

You can make monthly payments through installments if you are not able to pay the full program amount immediately. In addition to your \$50 registration fee, payments are due on the following dates:

	DUE DATE	Early Bird Registration: Registered by April 23 (\$450 total)	Regular Registration: Registered by June 1 (\$550 total)
Registration Deposit:		\$50.00	\$50.00
Payment #1:	April 22	\$100.00	
Payment #2:	May 20	\$150.00	\$250.00
Final Payment:	June 27	\$150.00	\$250.00
		<u>\$450.00</u>	<u>\$550.00</u>

If your balance is not received **AND** paid in full by **June 27** your child will be unable to attend SCORE! For any financial questions, please contact Jake Brames, Finance Director, at 260.247.3693

- A full refund will be given if the Embassy Theatre cancels the program. Program cancellation could occur due to low registration.
- The \$50.00 registration fee is non-refundable. Payments made to the program fee can be refunded if the student withdraws 30 days before the program begins.
- Students who apply for financial assistance and do not receive it may rescind their application and receive a refund of the \$50.00 deposit and any other payments made.
- No refunds will be given after the program begins.

Please make checks payable to: Embassy Theatre Foundation, Inc.

I will pay my balance in full. (please check preferred method of payment below)

Check
 Visa
 MasterCard
 AmericanExpress
 Discover

I would like to pay in installments. (please check preferred method of payment below)

Check
 Visa
 MasterCard
 AmericanExpress
 Discover

I would like my payment by above selected method to be automatically withdrawn on payment dates listed. (please check preference below)

YES, please auto-debit my account.
 NO, I will send or call with payment.

CARD #

Expires

*All credit card payments will be processed on the above payment schedule in no more than three installments.

**All credit card payments subject to 3.5% processing fee assessed at time of charge.

Signature

Date

Please send invoice to:

