

**A DEVISED 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 2019:

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:

Make checks payable to **The Embassy Theatre Foundation**
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 a description of yourself, your interests, your hopes, and include your expectations for SCORE.

**Embassy Theatre
2019**

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 2019 SCORE program.

Student Name (**Please Print**) _____

Parent Signature _____ Date: _____

IMPORTANT NOTE:

Once your child has been accepted into the SCORE program and we have received **FULL payment, you will receive a packet of information and forms that will need to be filled out and returned to us by the first day of the SCORE program which is Monday, July 8, 2019. You will receive this information 2-3 weeks prior July 8th.**

2019 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:

Early Bird Registration: Register by May 1 - \$450 total

Regular Registration: Register *after* May 1 - \$550 total

REGISTRATION CLOSES JUNE 7

	EARLY REGISTRATION	REGULAR REGISTRATION
Registration Deposit:	\$50.00	\$50.00
May 1 Payment:	\$100.00	
May 24 Payment:	\$150.00	\$250.00
FINAL Payment DUE June 21:	<u>\$150.00</u> \$450.00	<u>\$250.00</u> \$550.00

If your balance is not received **AND** paid in full by **June 21**, your child will be unable to attend SCORE. For any financial questions, please contact Jake Brames, Finance Director, at 260.424.6287.

- 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.
- ***Financial Assistance will NOT be determined until sometime at the end of May. PLEASE follow installment dates listed above!***

Please make checks payable to:

**Embassy Theatre Foundation
125 W. Jefferson Blvd.
Fort Wayne, Indiana 46802**

I will pay my balance in full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check	Visa	MasterCard	American Express	Discover
I would like to pay in installments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check	Visa	MasterCard	American Express	Discover

CARD # _____ **Expires** _____ **CCV CODE (3 digit #):** _____

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

Signature _____
Date

Address to send invoice: _____

Cell or Home Phone # _____