



Fall 2017 – “24” and “12” Registration Form

~ Theatre Arts ~

Student’s Name: _____ D.O.B. _____ Gender: _____

School Attending (if applicable): _____

Parent’s Name(s): _____

Mailing Address: _____

City, State & Zip: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name/Number(s): _____

For EASY REGISTRATION, Call us at 585-305-4767! Or email johnb@SpotlightArts.com

Camp/Production Refund Policy: A 100% refund of your fee is possible if requested before the camp/production begins. A 75% refund is possible if requested before the results of the casting are published. Once casting is published, a refund of 15% is possible.

(Circle the program you wish to register for!)

"24" runs Saturday October 7 at 6pm until Sunday October 8 at 6pm

The cost to participate is \$100.

Sleeping bags, a change of clothes, snacks and food are highly recommended.

Participants must be in 8-12th grade.

At this point we are only looking for actors. The director and author slots have been filled.

Participants are expected to stay at Spotlight the entire time.

"12" runs Monday October 9 at 8am until 7pm

The cost to participate is \$60.

Snacks and water bottles are highly recommended. Lunch will be provided.

Participants must be in 4-8th grade. At this point we are only looking for actors.

Participants are expected to stay at Spotlight the entire time.

Classes can be paid in full by check (written to Spotlight Studios) or credit card. (CHECKS ARE PREFERRED)

Checks and forms can be mailed to: Spotlight Studios, 3 Railroad Street, Fairport, NY 14450.

If paying by credit card, please complete the following:

(Please circle) Visa or Master Card Printed Name of Card Holder: _____

Card Number: _____ Exp. Date: _____ Code: _____ (on back of card)

I authorize Spotlight Studios to charge my credit card for payment of their products and/or services. If Spotlight Studios is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees. By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Card Holder: _____ Date: _____

Spotlight Studios for the Performing Arts

585-305-4767

3 Railroad Street, Fairport NY 14450

SpotlightArts.com

Office Use

Payment: \$ _____

Check: # _____

CC