



Massachusetts Cultural Council

2017 Summer Theater Workshop Registration

Name of Child 1: _____ Age/DOB*: _____

Name of Child 2: _____ Age/DOB: _____

Name of Child 3: _____ Age/DOB: _____

*Note: Participants must be 10 years old by July 11, 2017

Parent Name: _____

Address: _____ City/State: _____

Primary Phone: _____ Alt. Phone: _____

Email: _____

Emergency Contact/Phone Number: _____

Emergency Contact/Phone Number: _____

The following people are authorized to transport my child(ren):

[Please list any adult, including parent, who is authorized to drop off/pick up participant(s)]

1. _____

2. _____

3. _____

Known allergies: _____



I give permission for Gateway to use my child(ren)'s image in publications and advertisements.



I do NOT give permission for Gateway to use my child(ren)'s image in publications and advertisements.

(Parent signature)

(Date)

Fee: \$40 for first child in a family; \$30 for second child in a family; \$20 for each additional child in a family.

Please mail completed registration and fee to:

Gateway Players Theater
Attn: Summer Theater Workshop
PO Box 171
Southbridge, MA 01550

*****Registration is not confirmed until payment is received.*****

For Office Use Only:

Child 1 Fee Rec'd: Yes _____ No _____

Child 2 Fee Rec'd: Yes _____ No _____

Child 3 Fee Rec'd: Yes _____ No _____

Additional Fee(s) Rec'd: Yes _____ No _____

Check Number: _____