

MCYT FINE AND PERFORMING ARTS WORKSHOPS, 2008

**PLEASE USE A SEPARATE FORM FOR EACH STUDENT/SESSION
EACH SIX-WEEK SESSION IS \$50**

Name _____ Age _____ Grade (fall, 2008) _____

Address _____ Session _____

City _____ Zip _____ Phone (H) _____

School _____ Date of Birth _____

Parent(s) Name(s) _____

Emergency Phone(s)(whose?) _____

E-mail address (Very important!! Print clearly) _____

To help us best meet your child's needs, please list allergies or any behavior or medical concerns we should know about

Partial payments are accepted. Full payment is due by October 4, 2008

Amount enclosed _____ Balance _____ Check # _____

I give permission for my (or my child's) photo to be used for media purposes related to Motor City Youth Theatre _____ (Parent's signature)
I do not hold Motor City Youth Theatre or any other place of rehearsal or performance liable for my or my child's safety. _____ (Parent's signature)

I HAVE READ THE ENTIRE INFORMATION SHEET AND AGREE TO ALL TERMS (Parent's signature) _____

**A \$25 FEE WILL BE CHARGED FOR ALL RETURNED CHECKS
Refunds will not be given unless MCYT cancels a workshop.**

Please make check or money order payable to Motor City Youth Theatre and send it to:
Nancy Florkowski
15498 Meadowbrook
Redford, MI 48239

(313) 535-8962 nlflo@aol.com