

Youth Theatre Class Registration Form



Mail to:
PO Box 47090
750 Goldstream Ave.
Victoria BC, V9B 5T2

www.fourseasonsmusicaltheatre.com

Classes take place at the Isabelle Reader Theatre in Spencer Middle School at 1026 Goldstream Ave., Langford.

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____ Postal Code: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Please check boxes below to select classes. All classes run subject to registration.

Class Name	Class Times	Start Date	End Date	Instructor
<input type="checkbox"/> Voice Basics: Ages 7-14	9:00-9:45 am	Sat. Sept. 18	Sat. Nov. 6	TBA
<input type="checkbox"/> Dance Basics: Ages 7-14	10:00-10:45 am	Sat. Sept. 18	Sat. Nov. 6	TBA
<input type="checkbox"/> Acting Basics: Ages 7-14	11:00am-11:45 am	Sat. Sept. 18	Sat. Nov. 6	Terry Rowsell

- Payment can be made in one or two increments.
- Cash payments can be arranged by email: info@fourseasonsmusicaltheatre.com
- A receipt will be issued for all cash payments.
- Classes are non-transferable/non-refundable.
- All first payments and post-dated cheques are due upon registration.
- Cheques should be made out to "Four Seasons Musical Theatre".
- All NSF checks are subject to a \$25 fee.
- No refunds once classes have started.

Calculate your fees here: (Students who register a friend receive 25% off their total fees!)

One class (8 sessions)	Any two classes	All three classes	Registration fee*	Your total fees:
\$96	\$175	\$250	\$15 non-refundable	\$_____

*Registration fee is waived for Four Seasons Society Members

My cheque is included.

I will arrange cash payment by email info@fourseasonsmusicaltheatre.com

Cancellation Policy:

All cancellations must be made prior to one week before the class start date. All refund requests must be made in writing. Registration fee will not be refunded.

Collection of Information:

The information you provide is solely used by Four Seasons Musical Theatre. This information will be used to provide you with updates and upcoming events of Four Seasons Musical Theatre. If at anytime you wish to be removed from this mailing list, please send a request in writing to the Board of Directors.

Parent/Guardian Signature: _____

(If you are 18 years of age or under, a parent or guardian must sign giving permission to participate)