



(Please fill out both forms, sign, and return with payment)

Child's Name _____ **Age** _____ **Birth Date** _____

Parent's Name(s): _____ **Cell Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Wk Telephone _____ **Landline Phone** _____ **E-mail** _____

Class Title _____ **Day/Time** _____

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Early Registration Tuition for each class \$150 (As of Dec. 23 2024; \$175) _____

Registration Fee: \$20 _____

Total Due _____

Send forms & full payment, by check or money order, payable to

Storybook Musical Theatre, PO Box 473, Abington, PA 19001

By Credit Card: VISA MC Discover (No Amex cards accepted)

Card No. _____ **Exp. Date** _____ **CVV** _____

Signature of Card Holder _____

or Pay with VENMO @Storybook-MusicalTheatre

and send Registration & Emergency Contact form to the address shown above.

I understand that no refund will be given for this class unless it is canceled by Storybook Musical Theatre and cannot be rescheduled during the same semester. I understand that my child is participating in this Storybook Theater class at Gratz College Theatre and hereby agree to hold harmless Storybook Musical Theatre, Gratz College Theatre and any instructor associated with Storybook Musical Theatre for any injury or accident suffered while taking class, rehearsing, performing or participating in any activity sponsored by Storybook Musical Theatre during the course of this class.

Signature of Participant or Legal Guardian _____ **Date** _____

Photo Release: I hereby grant Storybook Musical Theatre the right to photograph my child and use the photo and/or other digital reproduction of his/her physical likeness for advertising and/or publication processes, whether electronic, print, digital, or electronic publishing via the Internet.

Signature Participant or Legal Guardian _____ **Date** _____