

teen workshop

FOR AGES 13-18 • JULY 6 - 10, 2015 • 9-4 pm
AT COLE VALLEY CHRISTIAN SCHOOL

THE DEADLINE FOR REGISTRATION IS JUNE 12, 2015.

mdt workshop
music • dance • theater

REGISTRATION INFORMATION

NAME _____

Male Female Age _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____

EMAIL _____

SCHOOL _____

GRADE IN FALL 2015 _____ DATE OF BIRTH _____

What stage experience have you had? (dance, plays, musicals, etc.)

T-Shirt Size (Youth XS-XL & Adult S-XL) _____

How did you hear about *mdt workshop*? _____

WORKSHOP REGISTRATION FEE: \$210.00

Workshop fee must be included with your registration form to reserve your place and returned by the registration deadline.

Please Make Checks Payable to:

mdt workshop

\$50 cancellation fee.

NO REFUNDS after June 19, 2015.

Send To: **mdt workshop**

830 N. Rotan Ave.

Meridian, ID 83642

WORKSHOP SPACE IS LIMITED, SO PLEASE BE AWARE THAT APPLICATIONS ARE PROCESSED ON A FIRST-COME BASIS.

PARENT/GUARDIAN INFORMATION

NAME(S) _____

ADDRESS _____

CITY _____ ZIP _____

DAYTIME PHONES(S) _____

EVENING PHONES(S) _____

EMERGENCY CONTACT PHONE # _____

EMAIL _____

I agree to hold harmless the *mdt workshop* and its instructors and associates from any claim, damages, or injury that may arise during the course of the *mdt workshop*. I hereby authorize my child to participate in the *mdt workshop*.

I also give my permission for photos and videos to be taken of my child to be used for archival, publicity, and promotional use.

Parent/Guardian Signature _____

Date _____

**Past *mdt workshop* participants:
For each friend you refer, you will receive
\$10.00 off of your registration fee.**

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For Office Use Only:

Date Registered: _____ Amt.Pd.: _____

Cash or Check # _____