

# youth workshop

**FOR AGES 8-12 • JULY 20-24, 2015 • 9-3 pm**  
**AT COLE VALLEY CHRISTIAN SCHOOL**

**DEADLINE FOR REGISTRATION IS JULY 6, 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: \$185.00

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 July 3, 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 # \_\_\_\_\_