



MAIL IN REGISTRATION FORM 2016/17

Registrations for 2016/17 will be accepted beginning August 15, 2016. Complete the form below and mail to Grand Rapids Civic Theatre, School of Theatre Arts Registration, 30 N Division Avenue, Grand Rapids, MI 49503. Please submit one form per student. Full class details may be found in our online registration at: www.grct.org/educate.

Student Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Grade Level: _____ Male or Female: _____

Medic Alert: _____

School Attended: _____ Race or Ethnicity: _____

Parent/Guardian Name: _____ Home Phone: _____

Parent Email: _____ Cell Phone: _____

Does your child need to be signed out after class? Yes No

List all persons including parents who are authorized to pick your child up and a phone number at which they may be reached: _____

Emergency Contact: _____ Phone: _____

Please enroll my child in the following class(es):

Fall Term:

Class Name: _____ Class Name: _____

Class Day: _____ Class Day: _____

Class Time: _____ Class Time: _____

Class Cost: _____ Class Cost: _____

Winter Term:

Class Name: _____ Class Name: _____

Class Day: _____ Class Day: _____

Class Time: _____ Class Time: _____

Class Cost: _____ Class Cost: _____

Spring Term:

Class Name: _____ Class Name: _____

Class Day: _____ Class Day: _____

Class Time: _____ Class Time: _____

Class Cost: _____ Class Cost: _____

Performance Block:

Class Name: _____ Class Day: _____

Class Cost: _____ Class Time: _____

Please continue on other side →



Payment:

___ Cash (Please do not mail cash. If you wish to pay with cash, please drop your registration off at the Box Office or call 616-222-6653 to make an appointment to register in person. Box Office hours are 9am to 5pm Monday through Friday.)

___ Check payable to Grand Rapids Civic Theatre enclosed

___ Please charge to my credit/debit card: Card (please circle): Visa MasterCard AmEx Discover

Card number: _____

Expiration Date: _____

Print Name on Card: _____

Signature: _____

I hereby certify that I am a parent or legal guardian of the child listed above and that all of the information provided is correct and complete. I recognize that GRCT will rely on that information. I will be responsible for the cost of any emergency medical care provided to my child should GRCT instructors or staff, in their judgment, calls 911 on behalf of my child in the event of an emergency. I understand that by allowing my child to participate in classes, I consent to allow my child to be photographed or filmed. The photographs or videos may be used by GRCT in future promotional efforts without specific written permission from me.

Dated: _____ Signature: _____

Print Name: _____

Refund and Cancellation Policy

- A full refund is issued when GRCT pulls a course from the schedule.
- On or before the first day of class = Full refund less \$10 cancellation fee **except for Performance Block classes**. No refund for Performance Block classes after the last date to register as specified in online class description.
- After the first day of class but before the second day of class = 75% refund except for Performance Block classes. No refund for Performance Block classes after the last date to register as specified in online class description.
- Refund is forfeited if withdrawal is on the second day of class or later
- **No refunds for Performance Block classes after the registration deadline.**

Please submit completed registration form and payment to: Grand Rapids Civic Theatre, School of Theatre Arts, 30 N. Division Ave., Grand Rapids, MI 49503. Questions? Please call 222-6653.