

**MAIL IN REGISTRATION FORM 2019/20**

Registrations for 2019/20 will be accepted beginning **August 19, 2019**. 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. Find full class details and our online registration at: [www.grct.org/classes](http://www.grct.org/classes).

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Current Grade in School \_\_\_\_\_  
 Student's Chosen Name/Nickname: \_\_\_\_\_ Legal Gender: \_\_\_\_\_  
 Preferred Pronouns (please circle): He/Him She/Her They/Them I don't see my pronoun  
 Medical Information: \_\_\_\_\_  
 School Attended: \_\_\_\_\_ Race or Ethnicity: \_\_\_\_\_  
 Parent/Guardian #1Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent #1 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Parent/Guardian #2Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent #2 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 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:**

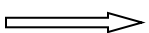
Class Name: \_\_\_\_\_ Class Name: \_\_\_\_\_  
 Class Day: \_\_\_\_\_ Class Day: \_\_\_\_\_  
 Class Time: \_\_\_\_\_ Class Time: \_\_\_\_\_  
 Class Cost: \_\_\_\_\_ Class Cost: \_\_\_\_\_

**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 10am 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: \_\_\_\_\_

Security Code: \_\_\_\_\_

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.
- If a student requests a withdrawal, on or before each individual class registration deadline, a full refund less a \$10 drop fee is issued. Withdrawals between each individual class registration deadline and the first day of class are refunded at 75% less a \$10 drop fee.
- Refund is forfeited if withdraw occurs after the first day of class.
- **EXCEPTIONS INCLUDE THE PERFORMANCE BLOCK. NO REFUNDS WILL BE ISSUED FOR THE PERFORMANCE BLOCK AFTER THE FEBRUARY 28, 2020 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, ext 2.