



# YOUNG PERFORMERS INSTITUTE REGISTRATION FORM Summer 2008 ~ \$350 Tuition

### 1. PROVIDE YOUR CONTACT INFORMATION

Parent(s) Name(s): \_\_\_\_\_

Young Performer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: Day \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Eve \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

### 2. CIRCLE YOUR PERFORMING GROUP *(Each Class STRICTLY Limited To 20 Young Performers)*

**BLUE GROUP** (Ages 7-12)

**RED GROUP** (Ages 13-18)

**Save the Date: Theatre Orientation For All - Saturday, June 14 - Time TBA**

Classes / Rehearsals: Monday – Thursday 12 noon to 4 pm – Each Young Performer's attendance need will depend on the casting for *Seussical, The Musical* production.

### 3. CHOOSE YOUR PAYMENT METHOD

\_\_\_\_\_ Credit Card:  Visa  M/C # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name As It Appears On The Card: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Signature: \_\_\_\_\_ Security Code \_\_\_\_\_

\_\_\_\_\_ Check Enclosed For \$ \_\_\_\_\_ Payable To **Covina Center for the Performing Arts**

### 4. PLACE YOUR ORDER

Mail to: **Covina Center for the Performing Arts**, Attention Education Department  
126 East Badillo Avenue #104, Covina, CA 91723

Fax to: (626) 331-8433, Attention Phil Miller

### 5. READ THE SMALL PRINT

ALL SALES ARE FINAL. A NON-REFUNDABLE DEPOSIT OF HALF THE CLASS TUITION IS DUE UPON REGISTRATION. FULL PAYMENT MUST BE RECEIVED BY THE FIRST DAY OF CLASS. CLASS SIZES ARE STRICTLY LIMITED. COURSE OFFERINGS ARE SUBJECT TO MINIMUM ENROLLMENT.

***For Office Use Only***

Received \$ \_\_\_\_\_  Visa  M/C  Chk # \_\_\_\_\_

Enrolled Performer \_\_\_\_\_ in  Blue  Red Class # of \_\_\_\_\_ of 20

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff (Name) \_\_\_\_\_