

2009
Fall Enrollment Form



The Youth Division of
142 Throckmorton

Student Information

Student Name: _____ Age: _____ Grade (in Fall of '09): _____
School: _____ Male Female

Parent/Guardian Information

Parent/Guardian Name (1): _____ Address: _____ City, State & Zip: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____	Parent/Guardian Name (2): _____ Address: _____ City, State & Zip: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
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Fall Classes (check those that apply)

<input type="checkbox"/> Dramatic Adventures Class Fee: \$250 <ul style="list-style-type: none">• For K & 1st Graders• Wednesdays, 3:30-4:30 (10 classes)• Dates: 9/16, 9/23, 9/30, 10/7, 10/14, 10/21, 10/28, 11/4, 11/11, 11/18	<input type="checkbox"/> Acting Out! Class Fee: \$250 <ul style="list-style-type: none">• For 4th & 5th Graders• Tuesdays, 3:30-4:30 (10 classes)• Dates: 9/15, 9/22, 9/29, 10/6, 10/13, 10/20, 10/27, 11/3, 11/10, 11/17
<input type="checkbox"/> Creative Drama Class Fee: \$250 <ul style="list-style-type: none">• For 2nd & 3rd Graders• Wednesdays, 5:00-6:00 (10 classes)• Dates: 9/16, 9/23, 9/30, 10/7, 10/14, 10/21, 10/28, 11/4, 11/11, 11/18	<input type="checkbox"/> Whose Line? Class Fee: \$250 <ul style="list-style-type: none">• For 6th, 7th, & 8th Graders• Tuesdays, 5:00-6:00 (10 classes)• Dates: 9/15, 9/22, 9/29, 10/6, 10/13, 10/20, 10/27, 11/3, 11/10, 11/17
Total Fee: _____	

Payment Information

Check Enclosed (payable to 142 Throckmorton Theatre) Charge my MasterCard/VISA
Mail registration form and payment to: **142 Throckmorton Theatre
Marin Youth Performers
P.O. Box 1058
Mill Valley, CA 94942**

Credit Card Number: _____ Exp. Date: _____ 3-digit Security Code: _____
Cardholder's Name: _____ Billing Zipcode: _____
Cardholder's Signature: _____ Date: _____
How did you hear about our classes? _____

By signing above, I hereby agree to indemnify and hold harmless 142 Throckmorton Theatre and its officers from and against any and all liabilities for any injury which may be suffered by me or my child arising out of or in any way connected with participation in the program noted above. In case of an emergency, my child may be treated by a qualified physician. I give permission to use my or my child's photograph in 142 Throckmorton Theatre's brochures or publicity.

Contact Adam Saville at adam@142ThrockmortonTheatre.org or call 415-383-9613 for more information.