



**SPOTLIGHT SUMMER THEATER WORKSHOP 2020 : REGISTRATION FORM**

Session(s) Attending:  Matilda The Musical (June 29 - July 17)  
 Aladdin (July 27 – August 14)

Participants Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age (During Program): \_\_\_\_\_ Gender: Male  Female  Other

T-Shirt Size: Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large

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

Parent(s) Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Parents Work Phone: \_\_\_\_\_

Emergency Contact and Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Where did you hear about SPOTLIGHT? \_\_\_\_\_  
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**TUITION**

Cost is \$1049 per session  
\*A non-refundable deposit of \$250 is due with registration form  
**Payments in full must be made by May 1<sup>st</sup>**

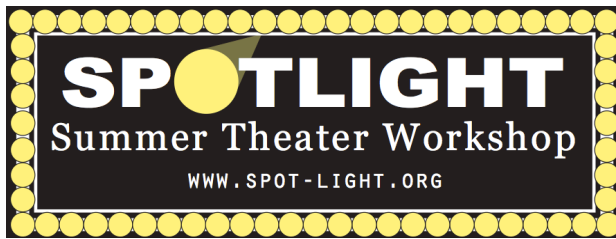
*Please make checks payable to:*

**Spotlight Productions  
Attn: Harley Yanoff  
16 Old Tavern Road  
Wayland, MA. 01778**

*After we receive your registration form and deposit, you will receive a confirmation e-mail with more details.*

**THANK YOU! We look forward to seeing you this summer!**

For questions, please contact [spotlight08@yahoo.com](mailto:spotlight08@yahoo.com) or call (508) 433-0086 - [www.spot-light.org](http://www.spot-light.org)



## SPOTLIGHT SUMMER THEATER WORKSHOP 2020

### WORKSHOP AGREEMENT FORM

Parent/Guardian's Name: \_\_\_\_\_ Participant's Name: \_\_\_\_\_  
(Please Print) (Please Print)

#### MEDICAL RELEASE

I, the undersigned, agree to waive any claims up **Spotlight Productions** in the event of any injury that may be sustained by **my child, listed above**, while taking part in activities during workshop hours.

I understand and agree that in the case of an emergency, if I am not available for consultation, the staff has permission to secure proper treatment for my child.

**Participants must provide a medical certificate provided by their doctor prior to or on the first day of the workshop.**

#### MEDIA RELEASE

I, the undersigned, agree to permit **my child, listed above**, to be videotaped and/or photographed while partaking in the **Spotlight Summer Theater Workshop**.

Photos and video footage of participants would only be used for archival and promotional purposes only (i.e. photo albums, press articles, web site, brochures, and promotional kits)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_