

**Depot Theatre Apprentice Program Registration Form**

**Name of Student:** \_\_\_\_\_

Student Birthdate: \_\_\_\_\_(MM/DD/YYYY)

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

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

Email: \_\_\_\_\_

**Parent/Guardian Contact:** \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Any Special Requirements for Student: \_\_\_\_\_

\_\_\_\_\_

**Registration for the Depot Theatre Apprentice Program is \$50.00 per student. Scholarships are available upon request.**

**Payment method:** Check or Credit Card (circle one)

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed by Parent or Guardian

Date

\_\_\_\_\_ I give my permission to include my child in publicity materials, such as photos and/or videos.

Please return this form along with payment to the Depot Theatre at PO Box 414, Westport, NY 12993.

Call 518.962.4449 or email [tickets@depottheatre.org](mailto:tickets@depottheatre.org) with any questions. Visit [www.depottheatre.org](http://www.depottheatre.org) to learn more about the theatre and this program.