



2020 EDUCATION AND OUTREACH PROGRAM

UPDATED June, 2020

REGISTRATION

The registration fee is \$300 per participant. For families with more than one child participating in the program, the fee for the additional participants is \$200/participant. NOTE: Discounted fee for additional participants in one family is not available online. (Must be paid by check or by contacting the box office.)

The registration fee must be received before the first date of rehearsals. This fee, this signed participant registration form and a parental/guardian release form for each participant must be received by the first day of rehearsal. If the forms are not completed the participant will not be admitted to the program. Online registration and forms are available via a link at depottheatre.org

SCHOLARSHIPS:

The registration fee may be waived in cases of financial hardship. Generally participants will be considered for a scholarship if they qualify for the free and reduced price lunch program at school. To be considered for a scholarship, please contact Kim Rielly at (518) 962.4449 x2 or krielly@depottheatre.org. This information will be kept strictly confidential.

POLICIES:

Actors are asked to please wear sneakers or shoes that they can dance in to all rehearsals. (No sandals or flip-flops). Face coverings are mandatory. More details regarding safety protocols included parental/guardian release form.

VOLUNTEERS:

Parental/Guardian assistance during the rehearsal period and during performances is welcomed. Parents should sign up at rehearsals for available volunteer opportunities.

All updated information and materials will be available online at www.depottheatre.org.



Media Release:

On behalf of myself and/or the participant (a minor child for whom I exercise legal guardianship), I consent to the use of my/his/her recorded image and voice for the purpose of publicizing Depot Theatre educational programs, and waive any compensation for such use.

AGREEMENT:

I agree to all the registration guidelines listed above:

Participant's Name and Date of Birth Parent/Guardian Name

Parent/Guardian Signature Date

Mailing Address City, State, ZIP

Email Phone

Please indicate any medical conditions, special needs, or behavioral conditions:

Emergency Contact: _____ Phone: _____

Please provide t-shirt size for participant(s) _____ Circle one: child size adult size

PAYMENT:

- My check payable to "The Depot Theatre," is enclosed. Send to PO Box 414, Westport, NY 12993.
- Please charge my credit card as follows:

Total amount enclosed or to be charged: \$ _____

Name: _____

Number: _____ Exp: _____ CCV: _____

Signature: _____