



ACADEMY REGISTRATION FORM - FALL 2020

For students who are under the age of 18 *PLEASE PRINT

Please check one: New student Returning student

NAME OF STUDENT: _____

Date of Birth: _____ AGE (Sept 2020): _____ GRADE (Sept 2020): _____

Parent/Guardian: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Parent's email: _____

Home Phone: _____ Mobile: _____ Business: _____

YOUTH PROGRAMS (for elementary and secondary students)

Please select your class(es) below, along with the session(s) of your choice where applicable - Fall, Winter, Spring

*DISCOUNTS: Book more than one class or more than one child, and save \$15 on each additional class, term, or student booked!

A. SATURDAY YOUTH DRAMA/VOCAL CLASSES

Fall term: September 19/20 to November 14/20

COURSE OPTIONS	TIME (subject to change)	FEE (per term)	YOUR FEE
<input type="checkbox"/> Discovery Drama (ages 8 to 10)	10 - 11 am	New student: \$160 (tax incl.) Returning: \$145 (tax incl.)	_____
<input type="checkbox"/> Vocal Discovery (ages 8 to 10) <i>*Vocal classes are online only for the Fall</i>	12 noon to 1 pm	New student: \$160 (tax incl.) Returning: \$145 (tax incl.)	_____
<input type="checkbox"/> Vocal Development (age 11+) <i>*Vocal classes are online only for the Fall</i>	10 - 11 am	New student: \$160 (tax incl.) Returning: \$145 (tax incl.)	_____
<input type="checkbox"/> Development Drama (age 11+)	12 noon to 1 pm	New student: \$160 (tax incl.) Returning: \$145 (tax incl.)	_____
<input type="checkbox"/> Online Drama (ages 8-10 and/or age 11+, subject to interest)	Class time to be determined	New student: \$160 (tax incl.) Returning: \$145 (tax incl.)	_____

PLEASE NOTE: If you are a NEW student who was referred to the STC by another student or parent, please provide the name of the person who provided this referral. _____ **TOTAL FEES:** _____

Would you like to receive e-mail information about other Sudbury Theatre Centre programs? YES ___ NO ___

FOR OFFICE USE ONLY

DATE PAYMENT RECEIVED: _____

Method of Payment: CASH / CHEQUE / VISA / MASTERCARD / AMERICAN EXPRESS / OTHER _____

Name on Cheque: _____

Credit Card No.: _____ 3-digit Card ID: _____ Expiry: _____ / _____