REGISTRATION FORM

Print and fill out the registration form; please use one form per child. For more info, contact Rachel at rsmith@saltworks.org or 412-621-6150 x-205.

Mail registrations to: Saltworks Theatre Co., 569 N. Neville St., Pittsburgh, PA 15213 Make checks payable to **Saltworks Theatre Company**.

ALL registration forms are due one week prior to the start of workshop.

Student's Nan	
Address	
City	State Zip
Age E	th DateGrade(2016-17)Gender $\Box M \Box F$
Parent/Guardi	
Home Phone	Cell Phone
□ Pla □ Dia □ De □ Pla Cost : CCGF □ Sta □ Spa □ Mu □ Cra Note: to	sion Church, Play in a Week Festival writing Workshop, Ages 10-18 cting Workshop, Ages 10-18 gn/Tech Workshop, Ages 10-18 in Day Workshop, Ages 7-9 fo for each workshop Workshops c Combat Basics, Ages 10-18 k Up, Speak Out, Ages 10-18 cal Theatre Favorites, Ages 10-18 ting a Character, Ages 7-9 register for Advanced Stage Combat, please contact Rachel at saltworks.org or 412-621-6150 x-205. 50 for each workshop
TOTAL PAY	S FEES \$ contribution to the Scholarship Fund \$ ENT ENCLOSED \$ dit card, please provide the following information:
Credit card nu	ber:
Expiration dat	Security code:
Please read the follow I understand that pub	on available at www.saltworks.org . g waiver and sign if you agree. ty photos and/or video will be taken during the classes. I give my permission for my child to appear in future Saltworks Theatre Company without restrictions or compensation.

Date

Parent/Guardian Signature