



STAGE ONE THEATRE SCHOOL WINTER 2022 REGISTRATION FORM

AFTER-SCHOOL ACTING ADVENTURES CLASS - Ages 4-7

January 24 - April 12, 2022

Tuesdays, 3:30-5pm

(No Classes March 22 or 29)

Valleyview Community Hall

\$260 + GST

AFTER-SCHOOL ACTING ESSENTIALS CLASS - Ages 8-12

January 17 - April 11, 2022

Mondays, 3:15-4:45pm

(No Classes Feb 21 or March 21 & 28)

Valleyview Community Hall

\$260 + GST

STUDENT'S NAME: _____

DATE OF BIRTH (MM/DD/YYYY): _____ AGE: _____ PREF. PRONOUNS: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

PHONE: _____

EMAIL: _____

DOES THE STUDENT HAVE ALLERGIES?: Yes No

PLEASE DESCRIBE REACTIONS & TREATMENTS:

COMPLETE THE REGISTRATION FORM and return it with your payment (credit card or cheque made payable to Western Canada Theatre).

BY MAIL: Western Canada Theatre, Box 329, Kamloops, BC, V2C 5K9 **EMAIL:** terri@wctlive.ca

IN ORDER TO BEST MEET THE INDIVIDUAL NEEDS OF THE STUDENT, PLEASE LET US KNOW ANYTHING ELSE THAT WE SHOULD BE AWARE OF:

RELEASE FORM

I DO I DO NOT grant permission to Western Canada Theatre (**WCT**) to take and display any photographs, videos or recordings of me or my child taken during classes, camps, or workshops. I understand that WCT may use these images in print materials or on the website for marketing purposes only.

NAME OF STUDENT: _____ DATE: _____

SIGNATURE OF STUDENT: _____

SIGNATURE OF PARENT/GUARDIAN (if under age): _____

Classes are filled on a first-come first-served basis. For updated information about classes, please visit our website at wctlive.ca/thehub. For inquiries, please contact Terri Runnalls at terri@wctlive.ca or call 250-372-3216 ext. 524.

PAYMENT INFORMATION:

ACTING ADVENTURES: Ages 4-7 (Jan 24 - Apr 12, 2022)

BASIC PRICE: \$260 for 10 Classes _____

ACTING ESSENTIALS: Ages 8-12 (Jan 17 - Apr 11, 2022)

BASIC PRICE: \$260 for 10 Classes _____

SUBTOTAL _____

EARLY-BIRD DISCOUNT (if registered by December 17,2021) **(-\$25.00)** _____

PLUS GST (5%) _____

TOTAL _____

PAYMENT BY: Cash Cheque Visa Mastercard

CARDHOLDER NAME: _____ CARD #: _____

SIGNATURE: _____ EXPIRY: _____ CID#: _____

*Please note that physical distancing & safety protocols will be in place throughout the classes.
Please provide a mask for your child.
If you have any questions, please contact our Education Director, Terri Runnalls, at terri@wctlive.ca