

**CASSIDY YOUTH THEATRE
APPLICATION FOR 2010 FALL
YOUTH THEATRE CLASSES**

NAME _____

ADDRESS _____

CITY, ZIP _____

PHONE (____) _____

E-MAIL Address: _____

INDICATE CLASS:

StarDust! 10 sessions \$70 (ages 4-6) Begins Sept 18 _____
(Saturdays from 11:00 pm to 12:00 pm)

StarBright! 10 sessions \$140 (ages 7-12) Begins Sept 18 _____
(Saturdays from 9:00 am to 11:00 noon)
(11/13-11/20 Class is 9-12pm))

StarWorks! 10 sessions \$140 (ages 13-19) Begins Sept 18 _____
(Saturdays from 10:00 am to 12:00 noon)

There is a \$10 discount for each additional family member registered.

Payment must be sent in with this form.

Payment is non-refundable and cannot be prorated for absence.

Payment arrangements are available if necessary.

AGE: _____ BIRTHDAY _____

GRADE: _____ SCHOOL _____

Please list any health conditions we should be aware of:

Please list any performing experience including classes, shows, lessons, etc.,
or attach a resume of list if available:

We understand that many families vacation across the summer months and students may miss some classes. We can work around that, as long as you let us know which classes you will be missing. The one exception is the final week of class, since that is our theatre technical week and therefore, it is required that all students be present at classes that week to be in the final performance. PLEASE INDICATE ANY DAYS YOU WILL HAVE TO MISS:

To register by credit card, call the Theatre office at (440) 842-4600 with your student's information or to register by check or cash, send this completed application with a check made payable to:

**The Cassidy Theatre, Inc.
6200 Pearl Road
Parma Heights, Ohio 44130**