



CLASS ENROLLMENT: FALL 2017-18

Student Name _____

Age _____ Grade _____ School _____

Email _____

Cell Phone _____

Parent/Guardian Information	
Parent/Guardian Name (1) _____ Address _____ City, State & Zip _____ Home Ph _____ Work Ph _____ Cell Ph _____ Email: _____	Parent/Guardian Name (2) _____ Address _____ City, State & Zip _____ Home Ph _____ Work Ph _____ Cell Ph _____ Email: _____

LITTLE THROCK

- Snow White (ages 6 to 11)**
 - Saturdays, 10:00 am - 12:30 pm
 - September 9, 16, 23, 30 October 7, 14, 21, 28, 2017
 - Performances: Oct 28 & 29 at 1:00pm
 - **Fee: \$450**

- Schoolhouse Rock (ages 6-11)**
 - Saturdays, 10:00 am - 12:30 pm
 - March 17, 24, 31 April 7, 21, 28 May 5, 12, 19, 2018
 - Performances: May 19 & 20 at 1:00pm
 - **Fee: \$450**

- Disney's Mulan (ages 6 to 11)**
 - Saturdays, 10:00 am - 12:30 pm
 - December 9, 16 2017
 - January 13, 20, 27 February 3, 10, 17, 24, 2018
 - Performances: February 24 & 25 at 1:00pm
 - **Fee: \$450**

Enrollment is limited and on a first come first serve basis.
There is a maximum of 25 actors per class.

Total Fee Enclosed: \$ _____

Payment Information	
<input type="checkbox"/> Check Enclosed* (payable to <i>Throckmorton Theatre</i>) <input type="checkbox"/> Charge my MasterCard/VISA*	Mail enrollment form and payment to: Throckmorton Theatre, Attn: Barb P.O. Box 1058 Mill Valley, CA 94942
Credit Card Number: _____	Exp. Date: _____ 3-digit Security Code: _____
Cardholder's Name: _____	Billing Zipcode: _____
How did you hear about our classes? _____	

REFUND POLICY: If there is insufficient enrollment, the class will be cancelled & your money refunded. Withdrawal from a class will incur a \$50 fee. Refund requests must be made by the end of the first week, & the cost of any classes attended will be added to the drop fee. **NO REFUNDS WILL BE MADE AFTER THE FIRST WEEK.** By signing below, I hereby agree to indemnify and hold harmless the Throckmorton Theatre and its officers and employees from and against any and all liabilities for any injury which may be suffered by me or my child arising out of or in any way connected with participation in the program noted above. In case of an emergency, my child may be treated by a qualified physician. I give the Throckmorton Theatre permission to use photographs and/or videos of my child in brochures or publicity.

Parent Signature: _____ Date: _____

Return to Barb Nimmons at Barb@142ThrockmortonTheatre.org or call 415-383-9611 for more information.