

Registration 2011-2012

(Please fill out both sides)

Student 1 Name _____
 Birth Date ____/____/____ (Last) Gender M ___ F ___ (First)
 Medical Problems _____

Full Season Classes			
Recital	Class Name	Course#	Season Price
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #1	#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #2	#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #3	#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #4	#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #5	#	\$
Totals Full Season Classes			\$

Semester Fees (inc Competition Fees)			
Recital	Class Name	Course#	Season Price
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #1	#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #2	#	\$
Totals Semester Classes			\$

Costume Size Information (required at registration) see pg. 3

Costume Size Information (complete both letter & number information)

Measurements (ALL Dance and Theatre students)
 Girth _____ Bust _____ Waist _____ Hips _____ Inseam _____

Measurements (Theatre students only):
 Shoulder to knee _____ Shoulder to shoulder _____ Shoulder to ankle _____

Letter Size

Top	<input type="radio"/> Child <input type="radio"/> Adult	<input type="checkbox"/> XS <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL
Pant	<input type="radio"/> Child <input type="radio"/> Adult	<input type="checkbox"/> XS <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL
Outfit	<input type="radio"/> Child <input type="radio"/> Adult	<input type="checkbox"/> XS <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL

Number Size (circle one) Child Junior Misses

Top (circle one)	2	4	6	8	10	12	14	16
Pant (circle one)	2	4	6	8	10	12	14	16
Outfit (circle one)	2	4	6	8	10	12	14	16

Make-Up Kit: Theatre Only

Would you like to order from us? Cost is \$16.00 Yes No

Choose skin tone Fair Med Dark Olive Fair Olive Med

Total \$16.00

Student 2 Name _____
 Birth Date ____/____/____ (Last) Gender M ___ F ___ (First)
 Medical Problems _____

Full Season Classes			
Recital	Class Name	Course#	Season Price
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #1	#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #2	#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #3	#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #4	#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #5	#	\$
Totals Full Season Classes			\$

Semester Fees (inc Competition Fees)			
Recital	Class Name	Course#	Season Price
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #1	#	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Class #2	#	\$
Totals Semester Classes			\$

Costume Size Information (required at registration) see pg. 3

Costume Size Information (complete both letter & number information)

Measurements (ALL Dance and Theatre students)
 Girth _____ Bust _____ Waist _____ Hips _____ Inseam _____

Measurements (Theatre students only):
 Shoulder to knee _____ Shoulder to shoulder _____ Shoulder to ankle _____

Letter Size

Top	<input type="radio"/> Child <input type="radio"/> Adult	<input type="checkbox"/> XS <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL
Pant	<input type="radio"/> Child <input type="radio"/> Adult	<input type="checkbox"/> XS <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL
Outfit	<input type="radio"/> Child <input type="radio"/> Adult	<input type="checkbox"/> XS <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL

Number Size (circle one) Child Junior Misses

Top (circle one)	2	4	6	8	10	12	14	16
Pant (circle one)	2	4	6	8	10	12	14	16
Outfit (circle one)	2	4	6	8	10	12	14	16

Make-Up Kit: Theatre Only

Would you like to order from us? Cost is \$16.00 Yes No

Choose skin tone Fair Med Dark Olive Fair Olive Med

Total \$16.00

Total Full Year Tuition: \$

Total Full Semester Tuition: \$

Parent Name _____

Address _____ City _____ State _____ ZIP _____

Primary Phone _____ Alt. Phone _____ Alt. Phone _____

E-mail address _____ Alternate E-mail address _____

Do you attend Mt. Zion Church Yes No

Reminders and other important information will be distributed by e-mail through out the season.

Please provide your e-mail address for our records.



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(Please fill out both sides)

Release

I give Mt. Zion permission to use graphic images such as photographs, video, and digital pictures, of the enrolled student taken in past, and future gatherings, rehearsals, performances, on and off the premises for advertisement and instructional purposes.

I hereby assume responsibility, and release Mt. Zion, it's employees, sponsoring organizations, etc. from all responsibility for my child if he/she leaves the building for any purpose (i.e. to buy food, ice cream, etc.).

I hereby assume all responsibility for myself and for my children while participating in activities sponsored by Mt. Zion. I waive all claims for liability against Mt. Zion or any of its employees or instructors in case of injury. I am of legal age, or the parent or legal guardian of the enrolled student(s). I commit my child to performing in all shows that are required for the recital.

I have read, understand, and agree to all of the policies and procedures of Mt. Zion.

Signature _____ Date ____/____/____

Parent Volunteer Sign-up

(please check at least one area of assistance in each column)

	Spotlight		May	
	Rehearsal	Performance	Rehearsal	Performance
Backstage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concessions (theatre only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flower / Candy Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pictures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stagecraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tear Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tickets / Ushers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment Option 1		
Full-year Class Fees		
<input type="checkbox"/> Full-Year Class Fees Paid in Advance and Receive a Discount \$_____ - \$15 =		\$
Semester Class Fees (inc Competition Fees)	+	\$
Annual Registration Fee for Full-Year Classes \$20 per Family (waved on or before Aug. 20)	+	\$
Theatre and Music Class Fees # of Classes _____ x \$10 (if theatre class x2)	+	\$
Make-Up Kit # of Kits _____ x \$16 per kit	+	\$
Total Due		\$

Payment Option 2		
Full-year Class Fees		
<input type="checkbox"/> 1st of 3 Installments (divide full-year class fees by 3) \$_____ /3 =		\$
Semester Class Fees (inc Competition Fees)	+	\$
Annual Registration Fee for Full-Year Classes \$20 per Family (waved on or before Aug. 20)	+	\$
Theatre and Music Class Fees # of Classes _____ x \$10 (if theatre class x2)	+	\$
Make-Up Kit # of Kits _____ x \$16 per kit	+	\$
Total Due		\$

Payment : Cash Check: Payable to Mt. Zion Performing Arts

Credit Card: Visa Mastercard Discover Name on card _____

Card Number _____ Exp. ____/____ CVV2 code _____

For Office Use Only Date Received ____/____/____ Amount \$ _____