STUDENT INFORMATION

FIRST

(Please Print)	SCHOOL GRADE							
PARENT/GUARDIAN	Race/Ethnicity (optional, requested for grants and donation information)							
Name	♦ ALASKA NATIVE ♦ AMERICAN INDIAN	♦ HISPANIC/LATINX ♦ HAWAII NATIVE	◊ TWO OR MORE RACES ◊ OTHER (Please Specify):					
Street Address/Apt#	♦ ASIAN ♦ BLACK/AFRICAN AMERICAN	◊ PACIFIC ISLANDER ◊ WHITE						
City	Emergence Content Name							
State/Zip	Emergency Contact Name							
Home Phone	Relationship	Best Phone						
Cell Phone	I understand that in the event of an emergency PRT/SoDA will make every effort to reach me but if that is not							
Work Phone	possible, they may have my permission to seek appropriate medical care through Community Hospital of the Monterey Peninsula. I understand that Pacific Repertory Theatre and SoDA will not be held responsible for							
Email	any medical expenses for me or my	child.						
	Parent / Guardian Signature							

LAST

 Financial Aid for Children's **Classes Requested.**

(831) 622-0700

sodapacrep@gmail.com

Complete this form and return to SoDA with payment

Classes and class times are subject to change.

Peppy Garner & Darnell Whitt School of Dramatic Arts PO Box 222035 Carmel, CA 93922

Method of payment

CHECK/CASH Payable to PACREP MC/VISA

AMEX

Credit Card Number

Name on Credit Card

Exp.Date

The School of Dramatic Arts (SoDA) is a program of Pacific Repertory Theatre, a non-profit organization. Through your generous donations, the show goes on. Please Donate Today!

AME NAME				AGE		
CHOOL			GRADE			
Race/Ethnicity (optional, requested f	or grants and	d dona	ation informatio	n)		
◊ ALASKA NATIVE ◊ AMERICAN INDIAN ◊ ASIAN ◊ BLACK/AFRICAN AMERICAN	◊ HISPANIC/LA ◊ HAWAII NATI ◊ PACIFIC ISLAI ◊ WHITE		′E ♦ 0 [°]	WO OR MORE RACES OTHER (Please Specify):		
Emergency Contact Name						
Relationship	Best Phone					
I understand that in the event of an en possible, they may have my permissic Monterey Peninsula. I understand tha any medical expenses for me or my c	on to seek ap at Pacific Rep	oropria	nte medical care	hrough Comm	nunity Hospi	tal of t
Parent / Guardian Signature						
Standards of Student Behavior Plea understand and agree to behave in a and locations at all times. My right to behavior code. Student Signature	e respectful m attend class(e	anner es) car	towards all SoDA be revoked sho Da	uld I not adhei ate	re to a prope	er
Photo/Video Release For valuable c and assigns, the irrevocable and unre- at SoDA, for editorial trade, advertising the same without restriction. I hereby re liability relating to said photographs/vio Parent/Guardian Signature	stricted right t g and any oth elease SoDA	o use er pur	and publish phot pose and in any i	ographs/video manner and m	s of my child edium; and	d in cla to alte
Classes for Children and					6005	
Showstoppers!	(2 - 4 grade)	Mon	4:00P - 5:30P	2/24 - 5/12	\$225	
Musical in Motion	(All Ages)	Tue	4:30P - 6:00P	2/11 - 5/6	\$245	
Tiny Tots Intro Music Theatre	-		4:00P - 5:00P	2/12 - 5/7	\$175	
Tiny Tots Intro Music Theatre	ages 6 - 7)	Wed	5:00P - 6:00P	2/12 - 5/7	\$175	
Musical Theatre Dance Intns			4:00P -5:30P	3/7 - 5/9	\$225	
SA- IntroPlay/ComedyImprv	(1 - 5 grade)	Sat	10:00A - 10:55P	2/15 - 5/10	\$175	
SA- Inter/Adv Mus Theatre	(4 - 12 grade)	Sat	11:00A - 1:00P	2/15 - 5/10	\$285	
SA- Play Production	(6- 12 grade)	Sat	2:00P - 4:00P	2/15 - 5/10	\$285	
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Add \$20 Registration		e per	semester, per	stuaent)		
Make a Tax Deductible	Donation					

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