



Office Use Only:

----- Date Rec'd

----- Full payment
Received

2024

Summer Youth Musical Theater Workshop

Application Form

PLEASE READ THIS APPLICATION CAREFULLY

Please complete the entire application and mail it along with your enrollment fee to:

Musicals at Richter, 100 Aunt Hack Road, Danbury, CT 06811

Student's Name _____

Preferred Name/Nickname _____ Gender: M / F

Date of Birth _____ Age as of July 2024 _____

What grade will the student be going into in the 2024 - 2025 School Year? _____

Name of Parent(s)/Guardian(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Day phone # _____ Evening phone # _____

Mobile phone # _____

Email address _____

Emergency Medical information:

Doctor's Name _____

Doctor's Phone # _____

Do you have Health Insurance: Y/N

Insurance Company name _____

ID # _____

Parent/Guardian signature _____ Date _____

REFUND POLICY:

There are no refunds for students dismissed from the program due to illness or disciplinary reasons, or for students that choose to leave the program early.



2024

SUMMER YOUTH MUSICAL THEATER WORKSHOP (SYMTW)

PAYMENT FORM

I would like to enroll my child with Musicals At Richter's
2024 SUMMER YOUTH MUSICAL THEATER WORKSHOP!

July 22nd - August 17th

\$895 if Registered before May 1, 2024

\$995 if Registered after May 1, 2024

Full Payment DEADLINE is July 22nd, 2024

		<u># of</u> <u>Children</u>			<u>TOTAL</u>
SYMTW: July 22 - August 17 (4 weeks)					
\$895.00	Single Child Registered Before May 1	_____	x \$895	=	_____
\$995.00	Single Child Registered After May 1	_____	x \$995	=	_____
\$795.50	Additional Sibling Before May 1	_____	x \$795.50	=	_____
\$895.50	Additional Sibling After May 1	_____	x \$895.50	=	_____
TOTAL					_____

Please make checks payable to: **Musicals at Richter**

mail checks to: Musicals at Richter, 100 Aunt Hack Road, Danbury, CT 06811

PAYMENT METHOD:

CHECK _____

CASH (in person only) _____

VENMO: _____

SIGNATURE: _____