



Office Use Only
Date Received _____
Full Payment Received _____

2025

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 2025 _____

What grade will the student be going into in the 2025 - 2026 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.



2025

SUMMER YOUTH MUSICAL THEATER WORKSHOP (SYMTW)

PAYMENT FORM

I would like to enroll my child with Musicals At Richter's
2025 SUMMER YOUTH MUSICAL THEATER WORKSHOP!

July 21st - August 16th

\$995 if Registered before May 1, 2025

\$1,095 if Registered after May 1, 2025

Full Payment DEADLINE is July 21st, 2025

		<u># of</u> <u>Children</u>			<u>TOTAL</u>
SYMTW: July 21 - August 16 (4 weeks)					
\$995.00	Single Child Registered Before May 1	_____	x \$995.00	=	_____
\$1,095.00	Single Child Registered After May 1	_____	x \$1,095.00	=	_____
\$895.50	Additional Sibling Before May 1	_____	x \$895.50	=	_____
\$985.50	Additional Sibling After May 1	_____	x \$985.50	=	_____
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: _____ DATE _____