

Please fill out, sign, and return one completed form for each child.



49 West Kortright Church Road • East Meredith, NY 13757
607-278-5454 • info@westkc.org • www.westkc.org

2020 WEST KORTRIGHT CENTRE YPTAW Registration

Name _____ Age _____ Birth date (m/d/y): ____ / ____ / ____

Address _____ Town, State _____ Zip _____

Phone (____) _____ Any special health considerations? _____

School _____

Emergency name & phone during workshop _____

E-mail address _____

WORKSHOP FEE \$ _____

REGISTRATION HANDLING FEE \$ 2.00

Extra Donation
to the YPTAW program \$ _____

Donation to the
Nancy Fales Garrett
scholarship fund \$ _____

TOTAL \$ _____

Scholarship application form requested

I paid online I've enclosed my check

- Theater Games
- Introduction to Acting
- Shakespeare
- Music for Shakespeare
- Technical Theater
- Costume Design
- 3-day Acting Skills

NOTE: All forms must be completed and signed below.

(PLEASE PRINT) I, _____, the parent or guardian of _____ do hereby consent to said child participating in the Young People's Theater Arts Workshops. In consideration of his/her participating in this activity, I do hereby release and discharge West Kortright Centre, Inc. and the Meredith Historical Society from any and all manner of actions, causes of actions, suits, or claims for personal injury whatsoever that I may have against said West Kortright Centre, Inc. and the Meredith Historical Society that may arise out of the participation of my child in said activity. This release covers activities during the 2020 calendar year.

Signed (parent or guardian), _____ Dated _____, 2020

To pay by Mastercard, Visa, Discover, or American Express, visit westkc.org/yptaw or call the office at (607) 278-5454 to pay by phone. You can also send a check (payable to West Kortright Centre) to: 49 West Kortright Church Road • East Meredith, NY 13757

I may be able to help other parents/volunteers with Shakespeare in the Valley food sales:

Name(s): _____

Phone(s): _____

Email(s): _____