

BROADWAY ARTS CONSERVATORY

REGISTRATION FORM

2 WEEK SUMMER THEATRE MASTER CLASS INTENSIVE, CONCERT PROGRAM, AND SOLO CD RECORDING

(Please complete ONE registration form per student AND return with either discounted tuition payment in full or \$400 deposit)

First Name _____ Last Name _____

*Parent Name _____ *Parent's Cell _____ (*for minor students)

*Parent's Email _____

Grade on 9/2010 _____ Date of Birth _____ Male ___ Female ___

Student E-mail _____ Student Cell Phone _____

Home Address _____

_____ (city/state/zip) Home Phone _____

Emergency Contact: _____ Emergency Contact Phone #: _____ Relationship to student:

Medical conditions or allergies
(Confidential) _____

TUITION: \$1,050 for two weeks, includes master classes, concert, solo CD recording

Deadline for Registration: July 15, 2010

RETURN: COMPLETED Registration Form with: Early Registration : \$975.00 if paid in full by July 7, 2010; or \$400.00 deposit. \$50 discount if registered by July 7.

Secured credit card payments online via our website at:

www.broadwayartsconservatory.com

or by mail with check or money order to the address below.

Sibling Discount: 50.00 discount for each child registered Tuition must be paid in full by July 20, 2010 Installment payments available by prior arrangement with BAC.

CANCELLATION POLICY: There are NO REFUNDS or CREDITS under ANY circumstances.

PLEASE NOTE: Students are required to purchase a minimum of 6 concert tickets. Pre-Purchase w/ Registration at discounted price of \$10.00. (THIS WILL SELL OUT!) Pre-paid and Children's Ticket Price: \$10.00 – Adult Ticket Price: \$15.00

(TUITION BALANCE MUST BE PAID IN FULL BY JULY 21, 2010)

TUITION: DISCOUNTS: EARLY REGISTRATION - PAID IN FULL BY \$ 1,050.00 \$ \$
JULY 2, 2010 - \$975.00) SIBLING @ \$50/CHILD _____ **MIN.**
DEPOSIT: \$400.00 _____ **PRE-PAID CONCERT TIX @**
\$10.00
TOTAL PAID \$ _____
BALANCE DUE: \$ _____

I understand and acknowledge the terms of this agreement and agree to submit all waivers, releases and forms prior to the beginning of the program for which I am registering.

Signature _____ Date _____ (Parent's
signature if minor student)

Online Registration and secured Credit Card payments preferred.

**Checks should be made payable to: GRAMERCY PARK PRODUCTIONS/BAC SEND
TO: Address: 28 Alana Drive, Hawthorne, N.J. 07506**

www.BroadwayArtsConservatory.com
973-553-9453

Fax: 973-238-0043

FOR OFFICE USE ONLY

Approved by: _____ DATE PD. _____ CK. OR CC BALANCE

DUE:\$ _____ DATE PD. _____ CK. OR CC # OF PREPAID

TICKETS: _____ DATE PD. _____ CK. OR CC NOTES: Installment Arrangement:

Scholarship Arrangement: