Please use one Regis	tration Form per	student. Please	print all information

Student's Age	Birth Date	1 1	Current Grade
Street Address			
City		State	Zip
Home Phone #		Fax #	
Student's E-Mail		Would you li	ke to receive PGT e-mail updates? Yes No
Mother's Name		E-Mail	
Work #		Cell #	
Company		Occupation	l
Father's Name		E-Mail	
Work #		Cell #	
Company		Occupation	

AMOUNT\$	PRIVATE COACHING LESSONS	
	Package: 8 sessions (one hour): \$695	
	Package: 8 sessions (1/2 hour): \$345	
	Individual One Hour Session: \$90	For ongoing individual sessions, billing will occur on or after each scheduled session. If student must cancel or reschedule a session for any reason, he or she must notify PGT Office AT LEAST 24 hours in advance.
	Individual 1/2 Hour Session: \$45	
	Tax-Deductible donation (thank you!)	
	TOTAL DUE	
	Enclosed Full Payment	
	Balance	

Please Select :	Day Time	
□ Voice	1st Choice	
□ Acting	2nd Choice	
□ Audition	3rd Choice	

By submitting registration, you agree to PGT's program and payment policies. Review current policies at policy.playgroup.org

You may pay by check or complete credit card info below. Please make checks payable to The Play Group Theatre.

Or circle one: MASTER CARD VISA AMEX (NOTE: the security code is on the rear of your MC or Visa and on the front of your AMEX) *I authorize the following charge to be made to my credit card. In addition, I authorize payment of any balance owed to be charged to the same card.*

Card Number

STUDENT & FAMILY INFORMATION

PRIVATE COACHING LESSONS

CLASS SELECTION

PAYMENT OPTIONS

Exp. Date

The Play Group Theatre

White Plains, NY 10601

One North Broadway, Suite 111

Security Code

Signature

\$ Amount

PLEASE SEND THIS FORM, ALONG WITH YOUR PAYMENT TO:

FAX credit card orders to 914-946-1336

For Office Use Only:	Date				
Date Rec'd	Due				
QB L CC Conf	Paid				
	Ck#				