REGISTRATION FORM College Counseling

STUDENT & FAMILY INFORMATION

Please use one Registration Form per student. Please print all information.

Student's Name _____

Student's Age _____ **Birth Date** ____/____/____ **Current Grade** _____

Street Address _____

City _____ **State** _____ **Zip** _____

Home Phone # _____ **Fax #** _____

Student's E-Mail _____ **Would you like to receive PGT e-mail updates? Yes No**

Mother's Name _____ **E-Mail** _____

Work # _____ **Cell #** _____

Company _____ **Occupation** _____

Father's Name _____ **E-Mail** _____

Work # _____ **Cell #** _____

Company _____ **Occupation** _____

COLLEGE COUNSELING & AUDITION PREP

Sophomore/Junior yr packages include:
one face to face meeting per week
unlimited email and phone access, and check-ins when student is in the building
Recommended:
1-3 weeks: spring of sophomore year
3-5 weeks: fall of junior year
5-8 weeks: spring of junior year

Senior year package includes:
one face to face meeting per week
one audition coaching hour per week
unlimited email and phone access, and check-ins when student is in the building
Recommended:
weekly beginning September through final audition

Additional extra hours can be used for:
additional coaching, filming pre-screen tapes, mock auditions/interviews, re-viewing audition outfits, sheet music, resume, etc.

If student must cancel or reschedule a session for any reason, he or she must notify PGT Office AT LEAST 24 hours in advance.

COLLEGE COUNSELING PACKAGES	AMOUNT$
Initial Consultation Session: $250	
Sophomore Year Package Price: $300/week x _____ weeks	
Junior Year Package Price: $300/week x _____ weeks	
Senior Year Package Price: $450/week x _____ weeks	
Additional Individual One Hour Session: $250	
TOTAL DUE	
Enclosed Full Payment	
Balance	

PAYMENT OPTIONS

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 _____ Exp. Date _____ Security Code _____

Signature _____ $ Amount _____

PLEASE SEND THIS FORM, ALONG WITH YOUR PAYMENT TO:

The Play Group Theatre
One North Broadway, Suite 111
White Plains, NY 10601

FAX credit card orders to 914-946-1336

For Office Use Only:

Date Rec'd _____

QB _____ L _____ _____

CC _____ Conf _____ _____

Date								
Due								
Paid								
Ck#								