

On Broadway-PATP Summer 2017 Registration Form

- First come, first served basis
- All fees must be paid in full by first day of program
- There is \$35 fee for returned checks

Please see On Broadway Performing Arts Training Program's website and click on Parent Page for more information regarding refunds: www.onbroadway-patp.com

Please complete credit card information below or make checks payable to On Broadway-PATP.

Circle one: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number Exp. Date CID/Security Code

Name on Card

Signature

\$ Total Amount to Place on Card

Billing Address	City	State	Zip Code
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Only completed registration forms will be accepted.

How to Register:

1. Call us at 347.927.2877 or email Danny Siford at Daniel@onbroadway-patp.com
2. Fill out registration form and email to daniel@onbroadway-patp.com

On Broadway-PATP	424 w. 110th Street Suite 11K, NYC 10025	347.927.2877
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www.onbroadway-patp.com

On Broadway-PATP 2017 Registration Form Six Week Summer Intensive

Please check:

- _____ Week 1: Full Day Summer Program
\$625 (July 10th to July 14th, 2017) 9 am – 5 pm
- _____ Week 2: Full Day Summer Program
\$625 (July 17th to July 21st, 2017) 9am – 5 pm
- _____ Week 3: Full Day Summer Program
\$625 (July 24th to July 28th, 2017) 9am – 5 pm
- _____ Week 4: Full Day Summer Program
\$625 (July 31st to August 4th, 2017) 9am – 5 pm
- _____ Week 5: Full Day Summer Program
\$625 (August 7th to August 11th, 2017) 9am – 5 pm
- _____ Week 6: Full Day Summer Program
\$625 (August 14th to August 18th, 2017) 9am – 5 pm

Total Weeks: _____ Total Amount: _____

**Please note: Only children who participate in 4 or more weeks of the summer program are eligible for a leading role in the summer shows. Auditions for roles will take place prior to the first day of the program. All others will be considered for ensemble roles only but are welcome to participate!*

***See pages four and five for more important registration info!*

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On Broadway-PATP
Emergency and Photo Release Consent Form

Please Print Clearly

Student name: _____

Street Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Parent Email: _____

Date of Birth of Student: _____

Parent/Guardian Name: _____

Parent/Guardian Main Phone #: _____

Parent/Guardian Secondary Phone #: _____

Parent/Guardian Email address: _____

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If Parent or Guardian is unavailable during emergency, please call:

Name: _____ Phone: _____ Relationship: _____

Please note any relevant medical conditions here:

Please list any medications student takes regularly:

Please list medication allergies:

Other relevant allergies:

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I give my permission for my child to participate in this program. I give consent to emergency medical services for my child if I cannot be reached or my secondary contact is unavailable during an emergency. Additionally, I give permission to **On Broadway-PATP** to use (for publicity or future broadcasts) any photographs, audio, or video documentation my child might appear in associated with **On Broadway- PATP**.

Signature of Parent/Guardian Date _____

Date _____

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