



2022-23 ACADEMY - REGISTRATION FORM

For students who are under the age of 18 *PLEASE PRINT

Please check one: New student Returning student

NAME OF STUDENT: _____

Date of Birth: _____ AGE (Sept 2022): _____ GRADE (Sept 2022): _____ Pronoun: _____

Parent/Guardian: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Parent's email: _____

Home Phone: _____ Mobile: _____ Business: _____

SATURDAY DRAMA/MUSICAL THEATRE CLASSES (for elementary and secondary students)

Please select your class(es) below, along with the session(s) of your choice where applicable - Fall, Winter, Spring

Payment for the first class/course in a given season is at full price. (Our 2022-23 season begins July 1/22.)

*DISCOUNTS: Book more than one class or more than one child, and save \$15 on each additional class, term, or student booked!

Three 9-week terms to choose from: Fall: Sep 10/22 to Nov 12/22 Winter: Jan 7/23 to Mar 4/23 Spring: Mar 25/23 to May 27/23

COURSE OPTIONS	TIME	TERM (circle)	FEE (per term)	SUB-TOTAL
<input type="checkbox"/> Playtime Theatre (ages 6 to 7)	9 to 10 am	F W S	First course: \$145 (tax incl.) Renewal: \$130 (tax incl.)	_____
<input type="checkbox"/> Discovery Drama (ages 8 to 10)	10:15 - 11:30 am	F W S	First course: \$180 (tax incl.) Renewal: \$165 (tax incl.)	_____
<input type="checkbox"/> Development Drama (age 11+)	11:45 am - 1:00 pm	F W S	First course: \$180 (tax incl.) Renewal: \$165 (tax incl.)	_____
<input type="checkbox"/> Musical Theatre Development (age 11+)	10:15 - 11:30 am	F W S	First course: \$180 (tax incl.) Renewal: \$165 (tax incl.)	_____
<input type="checkbox"/> Musical Theatre Discovery (ages 8 to 10)	11:45 am - 1:00 pm	F W S	First course: \$180 (tax incl.) Renewal: \$165 (tax incl.)	_____

If you are a NEW student who was referred to the STC by another student or parent, please provide the name of the person who provided this referral. _____ **TOTAL FEES** _____

Would you like to receive e-mail information about other Sudbury Theatre Centre programs? YES ___ NO ___

FOR OFFICE USE ONLY

DATE PAYMENT RECEIVED: _____

Method of Payment: CASH / CHEQUE / VISA / MASTERCARD / AMERICAN EXPRESS / OTHER _____

Name on Cheque: _____

Credit Card No.: _____ 3-digit Card ID: _____ Expiry: _____ / _____