

**Singing Onstage Studios  
Registration Form  
BROADWAY SHOWKIDS  
Fall 2010  
Monday/Friday 3:30PM-5:30PM  
August 30th-Early December**

**Name of student(s):** \_\_\_\_\_

**Age/Grade:** \_\_\_\_\_

**Parent(s) name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell phone (for urgent messages):** \_\_\_\_\_

**School that student attends:** \_\_\_\_\_

**Emergency contact (if parent is not available):**

\_\_\_\_\_

**Email address:** \_\_\_\_\_

(Only include an email address if it is checked regularly. We'll assume that we can use the email address to notify students and parents of changes to the schedule, etc. on short notice.)

Please include full or 1/4 payment with this registration form to hold a place in class. The full fee is \$495, 1/4 payment is \$125.

**PLEASE NOTE:** Make checks payable to **Singing Onstage**. You may mail form and check to Singing Onstage Studios, 1108 S. Pugh St., State College, PA, 16801  
For office use only:

Paid in full \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

Payment 1 \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

Payment 2 \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

Payment 3 \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

Payment 4 \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_