

**Singing Onstage Studios
Registration Form
HAIRSPRAY
Summer 2010
July 12th-August 6th
Monday - Friday, 11AM-5PM**

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 \$695, 1/4 payment is \$175.

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 # _____