

Fall23.Spring24 Registration Checklist
Complete And Return This Page Form ONLY with payment
Registration MUST BE DONE ON-LINE

Actor: _____ Parent/Guardian Signature: _____

Parent/Guardian Email Address: _____ Phone # _____

Participant Mailing Address: _____

Check Made Payable to Harmony Theater, Inc.

Mail form and payment to Gail Beigel 829 Conway Place Lansdale, PA 19446

_____ Early Bird Discount, \$425.00 Postmarked by 9/9/23 (15% discount)

_____ Early Bird Split Payments, \$200 Fall postmarked by 9/9/23 / \$260 Spring postmarked 1/20/24 (8% discount)

_____ Regular Split Payments, Fall: \$250 received after 9/9/23 / Spring: \$250 received after 1/20/24

All participants and a responsible adult are requested to attend the Open House on Saturday, 9/16/23 (*Details will be sent in Email from Parent Chair, Gail Beigel*). *Payment Information will be discussed in detail at that meeting.*

BY SIGNING & RETURNING THIS FORM and PAYMENT, I ATTEST ALL INFORMATION BELOW AND INCLUDED IN THE REGISTRATION PACKET IS COMPLETE AND CORRECT.

1. I understand it is my responsibility as guardian of the actor (below) to go to the HT website, www.harmonytheaterinc.com and review the Attendance Policies, Code of Ethics, Conflict of Interest, Photo Release and Aggression Policies found on the family page of the website.
2. I understand if I have questions about any policy to contact the Harmony Board for clarification.
3. I understand it is my responsibility as guardian to update medical and contact information for the actor named below when warranted.
4. I understand I must notify Harmony Theater in writing if at a future date you wish to change your actor's photograph release status and must sign and Photograph Release. "I grant Harmony Theater Inc. permission to release and use my photograph in any official publication. Publicity pieces also include (but are not limited to) news releases, publications, videos, DVDs, and Internet use."

Actor Name: _____

Responsible Party for Above Named Actor: _____

Guardian Name for Above Named Actor: _____

Date Form Signed (Month/Date/Year): _____

*The actor (named above) is signing independently and I, _____, am aware of the all policies above.