

# SMART COLLEGE PLANNING FOR ACTING & MUSICAL THEATRE STUDENTS

A WORKSHOP FOR HIGH SCHOOL STUDENTS, THEIR PARENTS, AND EDUCATORS



Open to any high school student (ages 14-18) with a passion for musical theater!

MONDAY, DECEMBER 4, 2017  
6:30PM-8:30PM

THE 5TH AVENUE THEATRE  
1308 5th Avenue, Seattle, WA 98101

**TO REGISTER, fill out form completely and return with tuition by December 1, 2017.**

PARENT/GUARDIAN NAME:

HOME ADDRESS

CITY ST ZIP HOME PHONE

PARENT/GUARDIAN PHONE: (  MOBILE or  WORK )

PARENT/GUARDIAN E-MAIL

STUDENT NAME GRADE

SCHOOL DOB AGE GENDER

\$50 Student/Parent team  \$25 Educators

Check Check # \_\_\_\_\_

Credit Card Credit Card # \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_  
Name on Card \_\_\_\_\_

Cash (Please Enclose)

TUITION must be paid in advance. Tickets are non-refundable and may not be exchanged for another workshop. Scholarships are available.\*\*  
CONFIRMATION of successful registration will be received by mail. Workshop details will be e-mailed to participants before the workshop date. The workshop requires a minimum of 10 registered participants. Participants will be informed by December 1, 2017 if the class will be cancelled due to low enrollment.

**3 ways to return form and tuition:**

**HARD COPIES**  
should be sent to:  
The 5th Avenue Theatre  
1326 5th Ave - Suite 735  
Seattle, WA 98101  
Attn: 5th Ave Awards

**FAX**  
(206) 292-9610

**EMAIL**  
With attachment of scanned applications  
should be e-mailed to:  
educationprograms@5thavenue.org

**PLEASE READ THE FOLLOWING WAIVER AND SIGN BELOW:**

I, \_\_\_\_\_ choose to participate in **Smart College Planning for Acting & Musical Theatre Students**, a workshop for High School students, their parents and educators on December 4, 2018. By signing this waiver, I am stating that I will not hold The 5th Avenue Theatre responsible for any *injury* that may occur from participation in the Workshop. Furthermore by signing this waiver, I am also accepting that any *photos or video footage* taken during the workshop are the sole property of The 5th Avenue Theatre and can be used in marketing or publicity without my further consent.

PARTICIPANT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE [IF UNDER 18] DATE

\*\*Questions or concerns? Please feel free to contact us at 206/ 625-1418 or [educationprograms@5thavenue.org](mailto:educationprograms@5thavenue.org)