



FRIDAYS @ THE 5TH

A WORKSHOP FOR HIGH SCHOOL STUDENTS

ROCK OF AGES

FRIDAY, FEBRUARY 15, 2019

4:30PM-11:00PM (CHECK-IN BEGINS AT 4:00PM)

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

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

An opportunity to participate in a workshop at The 5th, attend a performance of *Rock of Ages*, meet the cast and crew, and connect with fellow musical theater enthusiasts over a pizza dinner. Join us! **TUITION: \$25.00**

TO REGISTER, fill out form completely and return with tuition at least one week prior to workshop date.

PARENT / GUARDIAN NAME:

HOME ADDRESS

CITY ST ZIP HOME PHONE

PARENT / GUARDIAN PHONE: (MOBILE or WORK)

PARENT / GUARDIAN E-MAIL

STUDENT NAME GRADE LEVEL

SCHOOL DOB GENDER

SELECT METHOD OF PAYMENT: \$25.00 per workshop – must be received by 5:00 PM one week prior to the date.

Check Check # _____

Credit Card Credit Card # _____ Exp: ____ / ____
Name on Card _____

Cash (Please Enclose)

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: Fridays at The 5th

FAX

(206) 292-9610

E-MAIL

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

TUITION must be paid in advance. Tickets are non-refundable and may not be exchanged for another performance. Scholarships are available.**
CONFIRMATION of successful registration will be received by mail. Workshop details will be e-mailed to participants one week before the workshop date. The workshop is limited to 50 participants. In the event that the workshop fills, we will keep a waiting list.
CONTENT ADVISORY: <https://www.5thavenue.org/show/rock-of-ages/#content-advisories>

PLEASE READ THE FOLLOWING WAIVER AND SIGN BELOW:

I, _____ choose to participate in The 5th Avenue Theatre's Fridays at The 5th workshop for *Rock of Ages* for High School students on February 15, 2019. 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