

REGISTRATION FORM

Young Actor's Studio (ages 10-18)
25th Annual Putnam County Spelling Bee

Name (as you would like it listed in the program):

Mailing Address: _____

Birthday: _____ (month) _____ (day) _____ (year)
Gender: _____ (Male) _____ (Female)

On June 1st, my child will be _____ years old.
Spelling Bee will make _____ years participating in OSF's Young Actor's Studio.

What school does your child currently attend? _____
In what grade is your child currently enrolled? _____

Is your child of Native American descent? ____ (Yes) ____ (No) *No proof of heritage needed!

#1 Guardian's Name: _____
Cell #: _____
Email: _____

#2 Guardian's Name: _____
Cell #: _____
Email: _____

Young Actor's Studio begins **Monday, June 1st**. Performances are July 1-2.
*If the participant has conflicts during the rehearsal period after June 8th, please reconsider involvement.
For more information, call (580) 745-2696



ORDER FORM

**Please complete one order form per participant.*

TUITION - _____ @ \$130.00 each = \$ _____

SEASON Shirts - *(This shirt is included with the tuition. Indicate size)*

____ Child Small ____ Child Medium ____ Child Large
____ Adult Small ____ Adult Medium ____ Adult Large
____ Adult XL ____ Adult 2XL ____ Adult 3XL ____ Adult 4XL

****Additional SEASON Shirts:** *(Indicate sizes)* _____ @ \$15 each \$ _____

____ Child Small ____ Child Medium ____ Child Large
____ Adult Small ____ Adult Medium ____ Adult Large
____ Adult XL ____ Adult 2XL ____ Adult 3XL ____ Adult 4XL

YAS Shirts: *(This shirt is NOT included with the tuition)* _____ @ \$15 each \$ _____

____ Child Small ____ Child Medium ____ Child Large
____ Adult Small ____ Adult Medium ____ Adult Large
____ Adult XL ____ Adult 2XL ____ Adult 3XL ____ Adult 4XL

****Additional YAS Shirts:** *(Indicate sizes)* _____ @ \$15 each \$ _____

____ Child Small ____ Child Medium ____ Child Large
____ Adult Small ____ Adult Medium ____ Adult Large
____ Adult XL ____ Adult 2XL ____ Adult 3XL ____ Adult 4XL

Young Actor's Studio DVD: _____ @ 15. each = \$ _____

Young Actor's Studio BLUE RAY: _____ @ 20. each = \$ _____

Young Actor's Studio FLASH DRIVE: _____ @ 20. each = \$ _____

Young Actor's Studio Photos

\$ _____ @ \$5 each = \$ _____ **Individual Photo**
\$ _____ @ \$5 each = \$ _____ **Small Group Photo**
\$ _____ @ \$5 each = \$ _____ **Full Cast Photo**

Young Actor's Studio Parent Pack

(2 tickets) - _____ @ \$12.00 each = \$ _____

This allows ONE ticket to each of the two performances in which your child will participate.

(Limit 2 Parent Packs per child)

Grand Total \$ _____

**You may divide your grand total into payments. Balance due by July 1st!*

Name: _____

Paid: ____ CASH ____ CHECK ____ Credit Card

Young Actor's Studio

Participant Information Sheet

List only one child on a form.

Child's Name: _____

Mom's Name: _____ Mom's Cell: _____

Dad's Name: _____ Dad's Cell: _____

Physician's Name: _____ Phone: _____

Insurance Company: _____

Policy Number: _____

Please list all persons who are authorized to pick up the student from the workshop **INCLUDING MOM AND DAD**. Be advised that if a person is NOT on this list, they will be **UNABLE to take the child**. A current picture id will be required when picking up a child from Young Actor's Studio. **The authorized must present this identification EVERY DAY.**

Waiver of Liability: I, the undersigned release and discharge Southeastern Oklahoma State University, Theatre at Southeastern, the Oklahoma Shakespearean Festival and its staff, officers, directors, agents and volunteers from any and all liability arising from, related to, or connected with any injury or illness or damage to my person or property caused by or sustained in the course of any participation in classes, rehearsals, performances or other activities conducted by or associated with Southeastern Oklahoma State University, Theatre at Southeastern or the Oklahoma Shakespearean Festival. I hereby attest that this Waiver of Liability is provided voluntarily upon submission of this form and shall be fully binding upon me, my heirs, next of kin, executor, administrator, and/or personal representative.

I have read and understand the above and do attest that the information provided by me in this document is factual and current to the best of my knowledge.

Parent/Guardian's Signature

Date

SPECIAL INSTRUCTIONS:

Oklahoma Shakespearean Festival's Conflict Sheet – SPELLING BEE

Name: _____ No Conflicts: _____

Please list any conflict you may have during the rehearsal process.

Young Actor's Studio meets Monday through Friday from 1-4pm.

Absences

If you KNOW your child is going to miss rehearsal for any reason, please write it below. ANY ABSENCE will automatically prevent them from being cast as a PRINCIPAL character.

If your child is cast as a PRINCIPAL character, they may not miss rehearsals for any reason other than illness or a death in the family. If a PRINCIPAL character misses rehearsal for trips, vacations, church camp, cheer camp, dance competition, ball games, etc., THEY WILL BE RECAST IMMEDIATELY – REGARDLESS OF WHEN THE ABSENCE OCCURS.

Absence from rehearsal is still highly frowned upon. If a participant intends to miss rehearsal for trips, vacations, church camp, cheer camp, dance competitions, ball games, etc. AFTER THE FIRST WEEK OF THE WORKSHOP, you should reconsider their involvement.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	01 June	02	03	04	05	06
07	08	09	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	July 01	July 02		

EXTRA TICKET ORDER FORM

Participant's Name: _____

FROZEN: (Children's Theatre Workshop)

ELSA CAST: Friday, 26 June at 7pm

_____ GENERAL ADMISSION tickets at \$8 each

TOTAL: _____

ANNA CAST: Saturday, 27 June at 10am

_____ GENERAL ADMISSION tickets at \$8 each

TOTAL: _____

ELSA CAST: Saturday, 27 June at 2pm

_____ GENERAL ADMISSION tickets at \$8 each

TOTAL: _____

ANNA CAST: Saturday, 27 June at 7pm

_____ GENERAL ADMISSION tickets at \$8 each

TOTAL: _____

ELSA CAST: Sunday, 28 June at 2pm

_____ GENERAL ADMISSION tickets at \$8 each

TOTAL: _____

ANNA CAST: Sunday, 28 June at 5pm

_____ GENERAL ADMISSION tickets at \$8 each

TOTAL: _____

25TH ANNUAL PUTNAM COUNTY SPELLING BEE:

Wednesday, 01 July at 7pm

_____ GENERAL ADMISSION tickets at \$8 each

TOTAL: _____

Thursday, 02 July at 7pm

_____ GENERAL ADMISSION tickets at \$8 each

TOTAL: _____

EXTRA TICKETS GRAND TOTAL: _____

PRICING GUIDE

<u>TUITION</u>	<u>AMOUNT</u>		<u>TOTAL</u>
Tuition for FIRST child	\$130.00		\$130.00
Tuition for SECOND child <i>(or one child in Children's Theatre and Young Actor's Studio)</i> <i>(or one child enrolled in both workshops of Children's Theatre)</i>	\$117.00		\$247.00
Tuition for THIRD child	\$104.00		\$351.00
Tuition for FOURTH child	\$91.00		\$442.00
Tuition for FIFTH child	\$78.00		\$528.00

<u>TICKETS</u>	<u>AMOUNT</u>
Ticket	\$8.00
Children's Theatre PARENT PACK <i>(one ticket to each of the three performances)</i>	\$18.00
Young Actor's Studio PARENT PACK <i>(one ticket to each of the two performances)</i>	\$12.00

<u>OTHER ITEMS</u>	<u>AMOUNT</u>
SEASON shirt <i>(one comes free with each child)</i>	\$15.00
CHILDREN'S THEATRE show shirt	\$15.00
YOUNG ACTOR'S STUDIO show shirt	\$15.00
DVD	\$15.00
Blue Ray or Jump Drive	\$20.00
Individual Photo	\$5.00
Small Group Photo	\$5.00
Full Cast Photo	\$5.00



OKLAHOMA SHAKESPEAREAN FESTIVAL

Credit Card Authorization

NAME ON CARD	
TYPE OF CARD	VISA MASTERCARD AMEX DISCOVER
TRANSACTION TYPE	DEBIT CREDIT
ACCOUNT NUMBER	
EXPIRATION DATE	
CVN NUMBER	

BILLING ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	
EMAIL ADDRESS	
TOTAL AUTHORIZED AMOUNT	
NUMBER OF INSTALLMENTS	
PARTICIPANT'S NAME	

CARDHOLDER NAME	
SIGNATURE	
DATE	
AUTHORIZATION NUMBER	

Ok Shakespeare Fes would like you to
join Young Actors Studio!



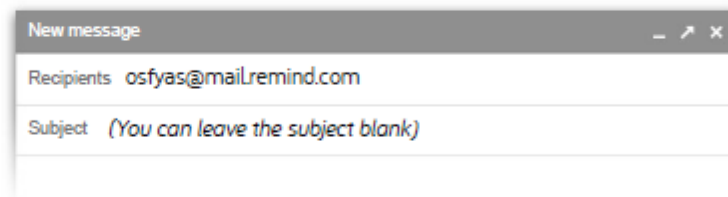
To receive messages via text, text
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of messages at anytime by replying,
'unsubscribe @osfyas'.

Trouble using 81010? Try texting
@osfyas to (580) 453-6599 instead.



*Standard text message rates apply.

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an email to **osfyas@mail.remind.com**.
To unsubscribe, reply with 'unsubscribe' in
the subject line.



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