



445 West 45th Street | New York, NY 10036 | phone 646.434.2745 | fax 212.247.0111 | www.rbkids.org

**Celebrate Broadway Registration Form**  
**August 8-12, 2011**

**Please Complete for the performer who is applying:**

Name  Male  Female

Address

City State Zip

Age as of August 8<sup>th</sup>, 2011

Please describe your dance, drama and vocal training:

Name of current dance studio and teacher: \_\_\_\_\_

Level of Expertise: Dance  No Experience  Intermediate  Intermediate/Advanced

Drama  No Experience  Intermediate  Intermediate/Advanced

Tap  No Experience  Intermediate  Intermediate/Advanced

Voice  No Experience  Intermediate  Intermediate/Advanced

How did you learn about this workshop: \_\_\_\_\_



445 West 45th Street | New York, NY 10036 | phone 646.434.2745 | fax 212.247.0111 | www.rbkids.org

**To be completed by the parent or guardian of performer:**

---

Parent or Guardian's Name

---

Address (if different from above)

---

City	State	Zip
------	-------	-----

---

Home Phone	Work	Cell
------------	------	------

---

Parent Email

---

Emergency Contact	Telephone	Relationship
-------------------	-----------	--------------

---

Signature of Parent or Guardian	Date
---------------------------------	------

**Credit Card Information:** A \$250 deposit is due with registration. The balance of \$775.00 is due July 1<sup>st</sup>, 2011.

Card: Visa  Mastercard  Discover  American Express

---

Name on Card

---

Card Number

---

Expiration Date	Security Code
-----------------	---------------

Please fax completed registration form to 212:247.0111 Attention: Thecla Harris