



MTA's 2010 Summer Performing Arts Institute Registration Form

**July 19th-30th from 9:00 a.m.-12 p.m.
Free Performance on July 30th
Ages 6-20 (Participants will be grouped by age)
\$195/participant, 10% sibling discount**

Performer's Last Name _____ First Name _____

School _____ District _____ Grade in Fall 2010 _____ Age _____

Parent/Guardian _____

Home Phone _____ Address _____

Cell _____ City, State, & Zip _____

Work _____ Email Address _____

Emergency Contact _____ Phone Number _____

Relationship to participant _____

Persons Authorized to pick up my child _____

Would you like to be added to our email list for information on auditions, performances, and other information? Email Address _____

How did you hear about us? _____

T-shirt Size (Please circle one) **CHILD** S M L **ADULT** S M L XL

Amount due upon registration = \$195

Discount of 10% per sibling; Number of *additional* forms _____ x .10 = \$(_____)

Amount Due Now = \$ _____

Choose your method of payment:

Check # _____ (made payable to Musical Theatre of Anthem)

Credit Card _____ (pay through MTA's website)

Print form(s) and send with payment (unless paid by credit card) to:

Musical Theatre of Anthem

P.O. Box 130

39506 Daisy Mountain Dr.

Anthem, AZ 85086

MTA Staff use:

Date Paid _____