

— EST. 1947 —

# DELRAY BEACH PLAYHOUSE

YOUR HIDDEN GEM ON LAKE IDA

## Application Form

# YOUNG ACTORS' WORKSHOP

Please complete this form in its entirety, using one form per student.  
Print all information clearly and mail/fax/e-mail completed form with payment to:  
Delray Beach Playhouse Children's Theatre, 950 NW 9th Street, Delray Beach, FL, 33444  
FAX: 561-272-5884 | E-MAIL: sandysantanadbp@gmail.com

Actor's Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Parent E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (Name & Phone) \_\_\_\_\_

### Select Program(s):

Please Check

**Morning (Grades 2-5):** \$275

**Afternoon (Grades 6-12):**

Option A (Musical Theatre/Dance) \$350

Option B (Theatre Only) \$275

### Audition Class (to be held on a weekday, after school):

\*Saturday class participants receive discounted pricing of \$200 for audition class.

Audition Class Only (No Saturday Class) \$275

Saturday Class Student Discount Price: \$200

### Payment Options:

Total Amount Enclosed \$ \_\_\_\_\_ . \_\_\_\_\_

Check in the amount of \$ \_\_\_\_\_ . \_\_\_\_\_ (payable to Delray Beach Playhouse)

Visa  Mastercard

Credit Card (Visa/Mastercard) \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Please list any health/learning challenges, medications, physical limitations, allergies, etc.

\_\_\_\_\_  
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