



SIDE BY SIDE 2009, REGISTRATION FORM

*A program that brings together enthusiastic amateurs and working professionals in an intense educational environment. Workshop & Performance held at U32 High School, August 3-7, 2009
Mail this completed form with payment to MRC & Co., Inc. • P.O. Box 158, Waitsfield, VT 05673*

Applicant's Name _____

Parent / Guardian's Name _____

Primary Phone Number _____

alt. # _____

Email _____

Home Address _____

City _____

State _____

Zip _____

School _____

Grade _____

Voice Part _____

Do you currently study voice (if yes, with whom)? _____

Do you play any instruments (if yes, please list)? _____

Dance Experience (type and length of study): _____

Have you attended any other theatre camps or workshops (please list)? _____

Please provide us with a summary of your recent stage experience. If necessary please attach a resume to this form.

Role	Show	Company

<input type="checkbox"/>	Payment in full	Amount Enclosed:
<input type="checkbox"/>	Installment plan (requires a credit card)	
<input type="checkbox"/>	Check Enclosed	
<input type="checkbox"/>	Charge the Credit Card (visa, mastercard or discover only) Number Below	Expiration Date:
		3-Digit Security Code:
Cardholder's Signature _____		
<input type="checkbox"/>	Credit Card Billing Address (if different from above):	
<input type="checkbox"/>	I would like to apply for financial assistance, please send me an application when they are available	



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