



CHILDREN'S PLAY HOUSE OF SAN JOSE
 WORKSHOP REGISTRATION FORM
 Please fill out *completely!*

www.childrensplayhouse.org

Name of Play _____ **Rehearsal Site** _____

Child's Name _____ Birth Date _____ Gender _____

Address _____ City _____ Zip _____

School _____ Grade _____

Mother's Name _____ Employer _____ Home Phone _____ Business/Cell Phone _____

Father's Name _____ Employer _____ Home Phone _____ Business/Cell Phone _____

Name and address of parent if different than child's _____

Emergency contact information: Name _____ Phone Number _____

E-mail address _____

How did you hear about Children's Play House? _____

Volunteer Commitment

I hereby agree that I will work 2 hours during this workshop where needed. If I do not fulfill my assigned time or DO NOT SHOW UP, I will pay an additional \$20 fee for every hour not fulfilled. Any family member may fulfill this commitment.

Parent Signature _____

I am interested in the following volunteer positions (please circle all that apply):

- | | | |
|------------------------------|---------------|-------------------------|
| Parent Volunteer Coordinator | Ticket Person | Late Parent Coordinator |
| Telephone Coordinator | T-shirt Sales | Picture Day Assistant |

OR

I would like to opt out of volunteer time and am paying the additional fees (\$40.00) up front.

Parent Signature _____

Additional Information:

- _____ I am including a costume fee (\$15 for one act/ \$45 for two act) with my registration check.
- _____ I sew and would like to work off my costume fee, please contact me early in the workshop.
- _____ I do not sew but would like to see if there are other ways to work off my costume fee.

AGREEMENT

I hereby consent to and authorize The Children's Play House of San Jose to make audio and video recordings of my performance in this production without compensation to me. The recordings will be used for promotion or advertising of The Children's Play House of San Jose and may be used for educational purposes. Copyright of the recordings is held by Kathy Olson Presents and the copies of any such recordings shall be made available at a reasonable cost to me.

Child's Signature _____

I am the Parent / Guardian of the above named child and I hereby consent to the foregoing.
 Circle one

Printed Name _____ Signature _____ Date _____

Registration Fee \$125 _____ **Costume Buy Out \$45/15** _____ **Volunteer Buy Out \$40** _____ **Check # & Amount** _____

**DON'T FORGET TO FILL OUT THE DIRECTORS CARD IN ADDITION TO THIS FORM
 MAIL THEM BOTH ALONG WITH YOUR REGISTRATION CHECK TO:
 CHILDREN'S PLAY HOUSE, 5933 SHAWCROFT DR. SAN JOSE, CA 95123**