

**THEATRE ARTS WORKSHOP- JR. PROGRAM – APPLICATION**

**YOUR NAME** \_\_\_\_\_

**STUDENT'S NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**COST-PER 7 WEEK CLASS SESSION- \$200- 2011-2012**

**SESSION 1 – WEEK OF SEPT. 12- OCT 31** \_\_\_\_\_

**SESSION 2- WEEK OF OCT. 31- DEC. 5** \_\_\_\_\_

**SESSION 3- WEEK OF JAN. 2 - FEB.13** \_\_\_\_\_

**SESSION 4- WEEK OF FEB. 27- APRIL 2** \_\_\_\_\_

**SESSION 5- WEEK OF APRIL 16- MAY 28** \_\_\_\_\_

**REGISTER FOR ALL 5 SESSIONS AND RECEIVED \$75. OFF TOTAL COST**

**PLEASE MAIL TUITION CHECKS TO:**

**THEATRE ARTS WORKSHOP**

**50 BEDFORD RD.**

**ARMONK, NY 10504**

**FOR FURTHER INFO. CALL 273- 3838**

**WWW.WESTCHESTERTHEATREARTS.ORG**