



# Masquers Theater

Soap Lake,  
Washington

## Summer Youth Program 2024 Registration Form

Program Rehearsal Days:  
1-5 pm ~ July 22-26

Performance:  
6 pm ~ Friday, July 26

Mail completed forms with payment to:

**Masquers Theater, Attn: Summer Program**  
PO Box 1174, Soap Lake WA 98851

### Registration Information

Guardian's Name \_\_\_\_\_  
Last First

Street Address/PO Box # \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Email is required for Registration Confirmation Email & Receipt

Child #1: \_\_\_\_\_  
\$75.00 Last First Age M/F Shirt Size

Child #2: \_\_\_\_\_  
\$60.00 Last First Age M/F Shirt Size

Child #3: \_\_\_\_\_  
\$60.00 Last First Age M/F Shirt Size

### Emergency Contact

If we are unable to reach you for any reason:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

### Form of Payment

Check/Money Order Enclosed for \$ \_\_\_\_\_

Credit Card

**DO NOT SEND CASH**  
Registration will not be processed and will be  
returned with any enclosed cash.

Name on Card: \_\_\_\_\_

Visa  Mastercard  American Express  Discover

Card Number: [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ]

Billing Zip: \_\_\_\_\_ Expiration (MMYY): \_\_\_\_\_ CVV Code: \_\_\_\_\_

**I authorize Masquers of Grant County to process this credit card through Masquers' Square account in the amount of:**  
 \$75.00 (1 child)  \$135.00 (2 children)  \$195.00 (3 children)

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Disclaimer and Signature

Contact will be made via email to confirm successful registration status. I understand that if the program is full at the time this registration is received, my child(ren) will be placed on a wait list and payment will not be processed. Contact will be made by phone and email to confirm a wait listed child(ren)s acceptance into the program. Payment will be processed after confirmation that the child(ren) is/are still available to participate. No refunds will be issued.

I also understand that if the accompanying liability form is not completed and received by Tuesday, July 12th at 9am, my child(ren) will not be able to participate and the above payment is forfeit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_