



# Enrollment Form

Please complete this form and return to the registration desk.

**Registration Price**  
**Workshop/Production Fee- \$275.00**  
**Admin/Insurance Fee- \$25.00**  
**Costume Rental Fee- \$75.00**

- Checks should be made payable to MET
- Most credit cards accepted (\$5/ transaction fee)

**ALL FEES ARE NON-REFUNDABLE**

*(Please Print Clearly)*

|  |               |  |          |
|--|---------------|--|----------|
| Area:<br><input type="checkbox"/> Santa Clarita Valley <input type="checkbox"/> SD-North County <input type="checkbox"/> SF Valley <input type="checkbox"/> East San Gabriel Valley <input type="checkbox"/> Torrance/South Bay  |               |  |          |
| Show Title:  |               |  |          |
| Name as you would like it to appear in the souvenir program:   |               |  |          |
| Address  |               |  |          |
| City   |               | State  | Zip Code |
| Phone Number   |               | Emergency Number   |          |
| Age (Today)  | Date of Birth | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                     |          |
| School (Today)   |               | Grade (Today)  |          |
| Parent/Guardian Name (Please PRINT)  |               | E-Mail Address ( <b>one you check regularly</b> ) if available                           |          |
| How did you hear about the program?  |               | Have you been in MET before?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| <i>By signing below, you acknowledge that the registration fee is non refundable and under no circumstances will it be refunded or transferred to another season/show. Also, your signature authorizes that any photographic and/or video taped images of your child may be used by MET for marketing and publicity purposes without further authorization from the parent/guardian and without financial or other compensation.</i> |               |  |          |
| Please sign for acknowledgement ( <b>must be 18 or older</b> )   |               |  |          |

**For Office Use Only**

|      |             |  |                |
|------|-------------|--|----------------|
| Date | Amount Paid | <input type="checkbox"/> Cash <input type="checkbox"/> Check - # _____<br><input type="checkbox"/> Credit Card _____ | Staff Initials |
|------|-------------|--|----------------|