



Broadway Rose Theatre Company
Summer 2010 Registration Form
Big River - Summer Teen Workshop 2010

Student's Name: _____

Age _____ Email of student: _____

Parent's Name _____

Email of parent: _____

Address: _____

City: _____ State: _____ Zipcode: _____ Phone: _____

Cell: _____ Emergency Contact: _____

Emergency Contact Phone: _____

How or where did you find out about the Big River Teen Workshop? _____

Please schedule an audition slot for "Big River" by June 18 by calling Emma at 503-906-2378.

- The Broadway Rose does not provide medical insurance for any participant in any program. I do hereby authorize the directors and instructors of The Broadway Rose Theatre Company as agents of the undersigned to consent to emergency medical or dental treatment. I hereby release The Broadway Rose Theatre Company and its Board of Directors from any and all claims from personal injuries.
I also consent that student's photo or video may be taken and used for any purpose deemed necessary to promote Broadway Rose Theatre's education program without compensation.
Broadway Rose Theatre is not responsible for transportation of students to or from classes, rehearsals or performances.

Student (or parent/guardian if student is a minor): _____

Date: _____ signature

Fee: \$500 Payment: please circle Visa MC Discover or personal check # _____

A limited number of need-based full and partial scholarships are available--please contact Emma at 503-906-2378.

_____ - _____ - _____ exp. Date ____ / ____

Name on Credit Card (if different than parent name above) _____

- Please contact me for private coaching appointments.
Please add me to the Broadway Rose Mailing List/Email and Education Program Email List.

Please submit form to: Broadway Rose Theatre
Attn: Emma
PO Box 231004
Tigard, OR 97281

Registration Form Due by July 5, 2010

For Office Use Only:
Date Paid: _____
CC auth/Check # _____