

Summer 2011 Registration Form

Scholarship Form

Name: _____
First Middle Last

Current School Grade: _____

Class Selections (Please Mark and Circle)

Dixie Youth Theatre

PreK-4th (9:00-10:30) 5th-8th (10:45-12:45pm)

Creative Writing

1st-2nd (930-1030a) 3rd-5th (1045-12p) 6th-12th(1-230p)

Mudslingers Pottery (June 13 - 17)

PreK (9-10a) K-1st (10:30-12p) 2nd-4th (1:30-3p)

5th-8th (3:30-5p)

Mudslingers Pottery (July 11 - 15)

PreK (9-10a) K-1st (10:30-12p) 2nd-4th (1:30-3p)

5th-8th (3:30-5p)

Class Fees

Dixie Youth Theatre Camp: \$ 100.00

Creative Writing & Mudslingers Camp: \$ 85.00

(separate checks must be written for each camp)

Participant or Parent/Guardian Information

Name: _____

Relationship to Participant: _____

Address: _____

City, State, Zip: _____

Parents' Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

I hereby release and discharge any and all claims for damages including personal or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the said event. This release is intended to discharge in advance The Town of Huntingdon, its offices, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks is to be binding on my errors and assigns. The Dixie Carter PAC, and/or The Town of Huntingdon have my permission to use my name, photograph, and film footage of me if they choose to do so. My signature below reflects that I have read and understand the entire registration form, liability release, parental consent and consent to treat forms, and agree to all of their terms and conditions.

Participant or Parent/Guardian Signature _____

Parent Information

Father or Guardian: (please print) _____

Signature: _____

Home Address: _____

City, State, Zip: _____

Phone number: _____

Email: _____

Occupation: _____

Employer: _____

Annual Income: \$ _____

Mother or Guardian: (please print) _____

Signature: _____

Home Address: _____

City, State, Zip: _____

Phone number: _____

Email: _____

Occupation: _____

Employer: _____

Annual Income: \$ _____

Dependents (excluding applicant):

age	relationship	

Do you own your own home or rent? _____

Without a scholarship, would the student be able to attend the class? _____

Amount of Scholarship requested: \$ _____

On a separate piece of paper, please answer the following questions and attach to registration form.

List student's areas of special interest. (school/extracurricular)

List student honors and/or special training.

What are the student's educational and career goals?

If you submit late (after 1st night of class) or do not include the above questions your child will not be considered.

Scholarships will be considered each semester and awarded on the basis of financial need and merit. All personal information will be kept confidential by members of the scholarship committee. The committee looks forward to helping with this request. You will be notified by the 2nd class of decision.