

SATURDAY WORKSHOP REGISTRATION FORM

(One form per student)

Student Name: _____ Date of Birth: _____

Current Grade: _____ Present School: _____

Parent(s) or Guardian(s) Names: _____

Address: _____

City: _____ Zip: _____

Parent(s)' Email(s): _____

Student's Email: _____

Phone: Home _____ Cell: _____

Sign me up! I wish to attend:

- ___ **Super Heroes (Stage Combat) - February 9, 1:30 - 4:30** **\$ 35**
- ___ **Playwriting 101 - March 8, 9:00 am - 12 noon** **\$ 35**
- ___ **Singing Broadway - April 5, 1:00 - 4:00 pm** **\$ 35**

Amount Enclosed: _____

All workshops take place at Benton Elementary School

PAYMENT INFORMATION

Make checks payable to PACE

Mail application and medical release form to:

PACE 503 East Nifong, #148, Columbia, MO 65201.

*We will confirm your enrollment by email

For Office Use:

Date Received _____

_____ Medical Release form received.

Check Number _____

_____ Money Order or Personal Check enclosed made payable to PACE.