

LAKESHORE PLAYERS 2010 SUMMER PROGRAMS APPLICATION

NOTE: *In order to give our instructors time to plan, please register early.*

If minimum number of registrants is not met one week prior to start date, programs will be cancelled.

Please complete entire application (both sides) for EACH student enrolled, and send with payment to:
Lakeshore Players, 4820 Stewart Ave., White Bear Lake, MN 55110.

Student Name _____ Student's E-mail _____

Parent/Guardian(s) _____ Parent's E-mail _____

Address _____ City _____ State _____ Zip _____

Phones: (Home) _____ (Cell) _____ (Alt.) _____

New student Returning student (If returning to SYP, number of past years? _____ Years)

Age _____ Grade in Sept. 2010 _____

PARENTS: PLEASE INITIAL EACH SECTION AND SIGN

I hereby authorize the student named in this application to participate in Lakeshore Players programs. I understand that these programs, like most programs similar in nature, have some degree of inherent risk involved. Furthermore, my student is in good physical condition appropriate to participate in the stated activities.

I understand that students must assume full responsibility for bodily injury incurred while taking part in Lakeshore Programs. No accident insurance is provided through Lakeshore Players, Inc.

I grant Lakeshore Players permission to use pictures or videos taken of student during participation in the programs. I waive my right to inspection or compensation.

My student agrees to abide by the Lakeshore Players Code of Conduct (see brochure).

CONFIDENTIAL: Please make the following accommodations for my student _____

Parent Signature

Student Signature

Date _____

Date _____

----- SUMMER YOUTH PROJECT(S) ONLY: PLEASE ANSWER ALL QUESTIONS IN NEXT SECTION -----

1. What excites you about Lakeshore's program(s)? _____

2. What skills would you bring to the program(s)? _____

3. What do you hope to gain from the program(s)? _____

4. What can we do to make this a meaningful experience for you? _____

5. I am **not applying** for the optional afternoon tech session(s).
6. Yes, please, I'd like to do tech! I am interested in participating in:
 Costumes Scenic Both

Please tell the tech designers what you would like to learn from the experience.

REGISTRATION & FEES

NOTE: Lakeshore will hold payments until the week program begins.

<u>PROGRAM</u>	<u>DAY(S)</u>	<u>TIME</u>	<u>DATES</u>	<u>LOCATION</u>	<u>FEE</u>	<u>TUITION</u>
Summer Youth Project, Jr. Gr. 3-5: <i>The Elves & The Shoemaker</i>	M,T,W,Th,F	*9:00 am-Noon <i>*Optional Tech: 12:30 pm-3:30 pm</i>	June 14-25	Lakeshore Players	\$215	_____
Summer Youth Project Gr. 6-12: <i>Grimms Fairy Tales Unbound</i>	M,T,W,Th,F	*9:00 am-Noon <i>*Optional Tech: 12:30 pm-3:30 pm</i>	July 6-25	Lakeshore Players	\$344	_____
SYP Makeup Kit Fee (Returning students with a SYP kit do not need to purchase a new one)					\$ 20	_____
Summer Teen Workshops						
Gr. 6-12, <i>Audition Skills</i>	M,T,W,Th,F	12:30 am-3:30 pm	July 26-30	Lakeshore Players	\$149	_____
Gr. 6-12, <i>Make 'N' Take Costume</i>	M,T,W,Th,F	12:30 am-3:30 pm	July 26-30	Lakeshore Players	\$149	_____
Costume Materials Fee					\$ 50	_____

Scholarship - As it is our goal to serve all students who would like to participate, Lakeshore does offer full and partial sholarships. Amounts vary, and scholarships are limited. Please indicate amount of scholarship request: Scholarship Amt. —_____

TOTAL ENCLOSED: \$ _____

CHECK ENCLOSED (Make payable to Lakeshore Players)

VISA MasterCard Amount \$ _____ Exp. Date _____ / _____ 3-Digit Code _____

Card Number: _____
Note: Credit Card number must be included here.

Signature _____

PLEASE RETURN APPLICATION TO
 Lakeshore Players, 4820 Stewart Ave, White Bear Lake, MN 55110