

# Dan Kane's

## Summer Singing Enrichment Program 2018 - Application

Dates: Monday, August 20<sup>th</sup> – Friday, August 24<sup>th</sup>, 2017

Cost: \$200 due when you submit this Application

(Only 50 Children will be enrolled in this Singing Enrichment Program. Applications will be accepted on a first received basis with nonrefundable payment in full by Check to the Majestic Theater, Cash or Credit Card.)

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Parent's Email Contact (a must): \_\_\_\_\_

Child's Age: \_\_\_\_\_

Singing Experience: \_\_\_\_\_

\_\_\_\_\_

Dance Experience: \_\_\_\_\_

\_\_\_\_\_

Social or Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

**PLEASE Return this Completed Application with Payment to the Address Below.**

MAJESTIC THEATER • 131 Elm Street • P.O. Box 511 • West Springfield, MA 01089 Box Office (413) 747-7797 • Fax (413) 781-5691 • [www.majestictheater.com](http://www.majestictheater.com)

*The Theater Project, Inc. dba Majestic Theater is a non-profit corporation.*

**For Office Use ONLY:** Date Application Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment Amount: \$\_\_\_\_\_ Application Number: \_\_\_\_\_