

www.VoiceTheatre.org

P.O. Box 353, Bearsville, NY, 12409 Studio: 917 494 6273 Box Office: 845 679 0154

Registration Form

July 13-19, 2026

PLEASE PRINT AND COMPLETE THIS FORM, SEND WITH PAYMENT TO:

Workshops will be held at Bethany Hall, 272 Wall Street, Kingston, NY

Voice Theatre, PO BOX 353, BEARSVILLE, NY, 12409
CHILD'S INFORMATION: (YOU CAN LIST UP TO 2 CHILDREN ON THIS FORM)
*IMPORTANT: Make sure to include your child's age to ensure they are placed in the proper group.

My Child is vaccinated against COVID, YES _____ NO____ DATE(s) of Vaccination _____

FIRST NAME, LAST NAME, D.O.B/AGE, GRADE ENTERING IN FALL: PLEASE PRINT CAREFULLY
1) _____

2) ____

PARENT/GUARDIAN'S INFORMATION: PLEASE PRINT CAREFULLY

MOTHER/GUARDIAN'S NAME _____

FATHER/GUARDIAN'S NAME _____

MOTHER/GUARDIAN'S EMAIL ____

FATHER/GUARDIAN'S WORK PHONE _____

MOTHER/GUARDIAN'S WORK PHONE _____

OTHER GUARDIAN WORK PHONE

PAYMENT

REGISTRATION FORMS WILL NOT BE ACCEPTED WITHOUT PAYMENT PLEASE FILL OUT THE FOLLOWING INFORMATION CAREFULLY REGISTRATION FEE: \$325 PER CHILD. Early—Bird (before June 1st) \$310 PER CHILD SIBLING DISCOUNT IS \$25.

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____ CHECK

Please mail check to:

Voice Theatre Summer Youth Workshop PO Box 353 Bearsville, NY 12409

or

Drop check or cash off at the Voice Theatre office: 13 Wittenberg Road Bearsville, NY, 12409

PAYMENT MUST BE MADE IN FULL IN ORDER TO REGISTER YOUR CHILD OR CHILDREN; DEPOSITS WILL NOT BE ACCEPTED. REFUNDS FOR THE WORKSHOP ENROLLMENT WILL BE AUTHORIZED UNTIL JUNE 1, 2026. A \$25 ADMINISTRATIVE FEE WILL BE DEDUCTED FROM ALL REFUNDS. REFUNDS WILL NOT BE AUTHORIZED AFTER JUNE 1, 2026 THERE ARE NO EXCEPTIONS.