



VOICE THEATRE

Community Teen Registration & Payment Form THIS IS US—KINGSTON YOUTH! April 15 - May 8 2026

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

**PLEASE PRINT AND COMPLETE THIS FORM AND RETURN VIA EMAIL OR SEND TO
Voice Theatre, PO BOX 353, BEARSVILLE, NY, 12409**

CHILD'S INFORMATION:

My Child is vaccinated against COVID, YES ____ NO ____ DATE(s) of Vaccination _____

FIRST NAME, LAST NAME, D.O.B/AGE, GRADE

1) _____

2) _____

Preferred Pronouns _____

PARENT/GUARDIAN'S INFORMATION:

GUARDIAN'S NAME/Email _____

GUARDIAN'S NAME/ Email _____

GUARDIAN'S WORK /HOME PHONE NUMBER _____

GUARDIAN'S WORK /HOME PHONE NUMBER _____

OTHER/GUARDIAN'S NAME/WORK/HOME PHONE NUMBER/CELL _____

Go to page two for payment info

PAYMENT

PLEASE FILL OUT THE FOLLOWING INFORMATION CAREFULLY
FEE: \$165 PER CHILD

METHOD OF PAYMENT: pay online (Need link to tickets)

CHECK: (need Box here)

Granted scholarship: (need Box here)

Please mail check to:

Voice Theatre

Teen 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.