

# HOPE MUSICAL THEATRE



## HMT WORKSHOPS @ Santa Rita !!!

Exploring different Broadway musical numbers in each workshop!

**DATES/TIMES:** Thursdays 2:50 - 5:50pm  
MARCH 25  
APRIL 1

**LOCATION:** Santa Rita Elementary School (700 Los Altos Avenue, Los Altos, CA 94022)

**AGES:** Boys and Girls, 1st-5th Grade \*SNACK PROVIDED\*

**SIGN UP TODAY!!** \*Performers will work on one song/scene & dance per workshop\*  
The last 10 minutes of the workshop the parents get to come  
and watch a mini show with costumes and all!!

For more info visit [HopeMusicalTheatre.com](http://HopeMusicalTheatre.com) 650-568-3332

**TUITION:** \$75 per workshop

Mail this portion with check to secure enrollment to:

Hope Musical Theatre  
PO Box 3654  
Redwood City, CA 94064

Circle your workshop choices:

- MARCH 25
- APRIL 1

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Enclosed: \$ \_\_\_\_\_

for \_\_\_\_\_ workshops

Please include Consent Form (next page) with Registration.

*\*Confirmation will be emailed unless otherwise noted. No refunds unless workshop must be canceled.\**

**HOPE MUSICAL THEATRE RELEASE FORM**

2010 Workshop Season

I hereby give consent for my son/daughter:

(print name) \_\_\_\_\_ to participate in Hope Musical Theatre 2010 Workshops. I am aware that my child will be involved in the normal hazards of theatrical activities. In consideration of acceptance of this application, intending to be legally bound, hereby, for ourselves, our heirs, executors and administrators waive and release all rights and claims that may arise against Hope Musical Theatre, and any persons affiliated with this camp/workshops. I give permission to the directors of Hope Musical Theatre to provide and approve immediate and responsible emergency care and transportation should it be required. Hope Musical Theatre reserves the right to dismiss campers without refund if either campers or parents interfere with the smooth operation of the camp/workshop program.

I also authorize my son/daughter to participate in any athletic activities including dance or gymnastics during Hope Musical Theatre 2010 Workshops and all rehearsals and or performances. I understand that with any athletic or physical activity, my son/daughter may risk physical injury. I release any liability or responsibility with Hope Musical Theatre and its instructors and choreographers.

PARENT NAME:(print)\_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please list any food allergies, health conditions, or special needs we should be aware of:

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