

**The Magnolia Theater
School of Drama
Themagnoliatheater.com
206-356-1342**

Please complete all parts of the application for ***THE SOUND OF MUSIC***

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

GRADE: _____

Please check one of the following:

- THE SOUND OF MUSIC* for Grades 5-8**
Tuesdays and Thursdays, 3:30-5:30 beginning Tuesday, August 31
- THE SOUND OF MUSIC* for Grades 3-6**
Monday and Wednesdays, 3:30-5:30 beginning Monday, September 13

PLEASE SEND CHECK, APPLICATION AND WAIVER TO:

**The Magnolia Theater
School of Drama
P.O. Box 99801
Seattle, WA 98139-0801**

Enclosed:

- Total Payment of \$600**

Space is limited, secured upon full payment. No refunds.

THE SOUND OF MUSIC

Waiver of Liability

Waiver of Liability: As a parent and/or legal guardian I grant permission for _____ to participate in ***THE SOUND OF MUSIC*** at The Magnolia Theater. I understand that in any theater activities there is a chance of injury. I assume all responsibility for named minor participant's action and do not hold The Magnolia Theater, its owners and instructors liable for any injuries that may arise from partaking in this workshop.

In the event of emergency, I grant permission to transport _____ (student's name) to the hospital for emergency treatment.

Name: _____ Date: _____

Doctor's Name and phone number: _____

Student's Allergies: _____

Guardian's Emergency Phone Number: _____

Guardian's Signature

DATE