



**MANITOBA THEATRE FOR YOUNG  
PEOPLE THEATRE SCHOOL  
REGISTRATION FORM**

**2 FORKS MARKET ROAD**, Winnipeg, MB R3C 4X1  
204.947.0394 x230 • 1.877.871.MTYP (6897) • f: 204.943.4129  
theatreschool@mtyp.ca • mtyp.ca

Name of Student \_\_\_\_\_ Current Age \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Address \_\_\_\_\_

City / Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Submission of this form is not a guarantee of registration. MTYP will confirm registration by email.**

Email (for e-confirmation and newsletter) \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate phone # for emergencies \_\_\_\_\_

**SIGNATURE TO VERIFY THAT  
STUDENT HAS PERMISSION TO  
BE ENROLLED IN CLASSES AT  
MTYP AND:** (check all that apply)

MTYP has permission to use publicity photos of the student;  
For film students only: MTYP has permission to show class projects at festivals and on the web;  
Student has permission to participate in supervised outdoor activities.

Signature of parent or guardian \_\_\_\_\_

**MEDICAL INFORMATION THE INSTRUCTOR SHOULD BE AWARE OF:**

(e.g. allergies, ADD/ADHD, medications, etc.). If your child has severe allergies or health concerns and you wish to provide us with more information, please request an Emergency Health Form.

**FIRST COURSE** \_\_\_\_\_

Day & Time \_\_\_\_\_ Course Code \_\_\_\_\_ Price \_\_\_\_\_

**SECOND COURSE** \_\_\_\_\_

Day & Time \_\_\_\_\_ Course Code \_\_\_\_\_ Price \_\_\_\_\_

**PAYMENT**

Subtotal Course Fee (includes non-refundable membership fee) \$ \_\_\_\_\_

Course Discount (\$25 for each additional course in the same session) - \_\_\_\_\_

**Total course fees after discounts** = \_\_\_\_\_

Please consider a donation to MTYP (tax receipts issued for amounts over \$20 | Charitable #100044452RR0001) + \_\_\_\_\_

**GRAND TOTAL \$** \_\_\_\_\_

**ENCLOSED IS**

Full Payment **OR** Two Installments • First \$ \_\_\_\_\_ Due with form submission • Second \$ \_\_\_\_\_ Due October 31  
**Installments only available for 22-25 week classes.** A post-dated cheque or permission to charge the balance is required at time of registration. To make alternate arrangements, contact: theatreschool@mtyp.ca

**METHOD OF PAYMENT**

Cheque (A \$40.00 charge will be applied to all NSF cheques)

Cash

Interac / Debit

Visa Mastercard Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_  Please charge the second payment to my credit card

**FOR OFFICE USE ONLY**

Date registered \_\_\_\_\_ Card Auth \_\_\_\_\_ Initial \_\_\_\_\_ TM \_\_\_\_\_