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/BEHAVIOURAL 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) $ _____

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 15

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 _____