

# Center Children's Theatre



## Guys and Dolls, Jr.

Registration Begins

Orientation & role assignments

Rehearsals

Showdates

**Ages 12-15**

August 16, 2010

January 8, 2011 3-6pm

Mondays from 6-8pm starting 1/10

5/20 7pm; 5/21 2pm & 7pm; 5/22 2pm

\$150 per actor ■ payment must be made at time of registration ■ show is limited to 30 actors

**Actor Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**Parent/Guardian** \_\_\_\_\_

**Ph (H):** \_\_\_\_\_ **Ph (C):** \_\_\_\_\_

**Method of Payment: Cash:** \_\_\_\_\_ **Check:** \_\_\_\_\_ **Charge:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

For office use only

Amt. \_\_\_\_\_

Date \_\_\_\_\_

Type \_\_\_\_\_

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OSCEOLA CENTER FOR THE ARTS

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## Photo Release

I grant Osceola Center for the Arts permission to photograph, record or otherwise secure images of myself or my child. In addition, I hereby permit Osceola Center for the Arts to use these images and publish in print, electronic or video format these likenesses. I release all claims against the Center with respect to copyright ownership and publication including any claim for compensation related to the use of these materials.

## Theatre Release

I agree to release and discharge Osceola Center for the Arts and its officers, directors, agents, of and from any claims, demands, or liability arising from the participation of my child in any classes, camps, or programs sponsored by Osceola Center for the Arts. In the event my child becomes ill, I authorize Osceola Center for the Arts staff to obtain medical attention for my child at a physician's office or hospital. I understand that every effort will be made to reach me before medical permissions is given to treat my child. My child has the following insurance coverage:

Child's Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_

Group#: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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