## YOUTH THEATRE OF CENTRAL ARKANSAS 2019 SUMMER INTENSIVE REGISTRATION

Student Name:	Name Stud	lent Goes By:	
Primary Contact:	Secondary	Contact:	
Primary Phone:	Secondary	_ Secondary Phone:	
Primary Email:	Secondary	Email:	
Address:			
City, State, Zip:			
		T-Shirt Size:	
Please list any expected absences:			
		(Monday-Friday 9:00 am – 12:00 pm) 2 (Monday-Friday 1:00 pm – 4:00 pm)	
<b>FEES:</b> Registration fees are due by Wed \$350 Early Bird Special (d		•	
Registration closes Wednesday, May 29 for any returned checks.	9. Fees should accompany re	gistration form. There will be a \$35 processing fee	
<b>REFUND POLICY:</b> Students who withouthat withdraw between June 3, and June		ore June 3, will receive a 90% refund. Students d. No refunds are issued after June 7.	
along with the registration form. A non	n-refundable \$35 security dep se been awarded and the am lication can be found on or	only. Applications must be submitted by May 3, posit must accompany each application. You will be nount awarded. Any remaining balance must be ur website at	
<b>PAYMENT:</b> Return the registration form and fee to	UCA Theatre Foundation Attn: Melissa Pearson UCA Box 4942 Snow Fine Arts Center 233 Conway, AR 72035 melissap@uca.edu	DONATE: UCA Theatre Foundation has started a scholarship for YTCA students to come to UCA to study Theatre. Please consider giving extra to help students turn their passions into careers!  I would like to donate an additional amount of \$ added to	
Pease make checks payable to: <b>UCA Theatre Foundation</b>		my registration fee.  I would not like to donate at this time.	
Please charge \$ to my cred	dit card.		
Visa Master0	Card American Exp	press Discover	
Expiration Date:	CVV Code:	Zip Code:	
Signature	<del></del>	Date	