



**Start Acting Out...  
With BPA Theatre  
School**

Come experience the magic of performing and being a part of live theatre with BPA's 2010-2011 theatre school offerings at the Jewel Box Theatre. All levels

of experience are welcome! BPA's educational programs support the values of successful learning and include year-round classes for ages six-adult as well as public and private school Outreach. All courses focus on building confidence, effective and caring group skills, and instilling a comfort with and love of the arts. By providing a non-judgmental, positive, and supportive environment, BPA's Theatre School helps youth tap into their own creativity and respect that of others!

**The Fine Print**

- ❖ All classes are held at the Jewel Box Theatre, 225 Iverson Street, Poulsbo, WA (360.697.3183)
- ❖ Registrations are taken on a first come, first served basis and are processed when accompanied by at least **50% of class fees due**
- ❖ All balances on tuition must be paid in full by the 1<sup>st</sup> day of class.
- ❖ NO REFUNDS are made AFTER the first meeting of a class
- ❖ A non-refundable \$35 processing/handling fee is included in your tuition
- ❖ We will inform you if your registration cannot be processed, i.e. class is full, etc.
- ❖ Scholarships are available – inquire at 206.842.8578
- ❖ Questions? Please contact Steven Fogell at [sfogell@bainbridgeperformingarts.org](mailto:sfogell@bainbridgeperformingarts.org) or call 206.842.1163
- ❖ Visit online [www.bainbridgeperformingarts.org](http://www.bainbridgeperformingarts.org) / [www.jewelboxpoulsbo.org](http://www.jewelboxpoulsbo.org)

**Tuition Assistance**

Bainbridge Performing Arts is sensitive to the needs of families during these economic times and is pleased to offer partial funding to students who would not otherwise be able to participate in our program. Please submit your letter of request to the BPA office.

**Processing Your Registration**

- ❖ You must complete a separate registration form for each student
- ❖ Additional forms are available at BPA and the Jewel Box
- ❖ Return your completed form to BPA at 200 Madison Avenue North, Bainbridge Island, WA 98110, Attn: Theatre School
- ❖ ALL registration forms **MUST be signed**

**Sign Up to Receive BPA E-News!**

Visit BPA online at [www.bainbridgeperformingarts.org](http://www.bainbridgeperformingarts.org) and click on "Join Mailing List" to receive electronic announcements about upcoming classes, performances, and behind-the-scenes news!

**Our Supporters**



BPA is supported, in part, by the **Bainbridge Island Arts and Humanities Council** and the **City of Bainbridge Island**.

**Please Complete the Following to Register for classes in the Jewel Box Theatre and Bainbridge Performing Arts Theatre School Collaboration**

Student Name: \_\_\_\_\_

Grade entering in Fall 2010: \_\_\_\_\_

School: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Optional Phone: \_\_\_\_\_

Doctor's/Clinic Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Special Health Instructions/Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Class Name	Date/Time	Cost
Please make a tax deductible contribution to BPA Theatre School's Scholarship Program		
<b>For Office Use Only</b>	<b>SCH</b>	
Payment Method	<b>TOTAL</b>	
____ Check (payable to BPA)	<b>Payment</b>	
VISA   MasterCard (circle one)	<b>Balance Due</b>	
CC#	CC Expiration	_____

**Release Statement**

I am a parent/legal guardian of the above-named student, a minor. I request that said student participate in BPA Theatre School classes, and I hereby release BPA and its staff from any and all liability for accident or injury which might occur in connection with such participation. I further authorize BPA staff and/or certified emergency personnel to act on my behalf with regard to emergency medical treatment for the above-named student. I understand photos/videos of my child may be taken, and I authorize use of such photos/videos for promotional purposes. **Signature below is REQUIRED.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date