



Sherlock Holmes Goes to HOLLYWOOD

Registration

Please complete one form for each participant



Actor's First Name _____ Actor's Last Name _____ Actor's Home Phone _____ Actor's Cell Phone _____

Mother's Full Name _____ Mother's Occupation _____ Mother's Home Phone _____ Mother's Cell Phone _____

Father's First Name _____ Father's Occupation _____ Father's Home Phone _____ Father's Cell Phone _____

Actor resides with: Both Parents Father Mother Other: _____

Actor's Mailing Address, City, State, Zip _____

Actor's School _____ Actor's Grade _____ Date of Birth _____ Gender _____

Actor's e-mail _____ Parent's e-mail _____

Emergency Contact #1 _____ Phone _____ Cell Phone _____

Emergency Contact #2 _____ Phone _____ Cell Phone _____

Participation Fee

With Fundraising
EARLY BIRD \$350 when signed Registration form is received by January 20th. \$375 if after 1/20/2012

With No Fundraising requirement
EARLY BIRD \$450 when signed Registration form is received by January 20th. \$475 if after 1/20/2012

Sibling Actor Discount: Contact Karen

ORT would not be possible without the parents donating their valuable time and talents to make our productions the huge success they are. We ask that each actor's family commit to at least one volunteer opportunity

- | | | |
|--|---|---|
| <input type="checkbox"/> Costumes | <input type="checkbox"/> Concession | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Set | <input type="checkbox"/> Put In/ Strike | <input type="checkbox"/> Poster Distribution |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Parking Mgr | <input type="checkbox"/> Dance Volunteers |
| <input type="checkbox"/> Box Office | <input type="checkbox"/> Fundraising Helper | <input type="checkbox"/> Program Ads |
| <input type="checkbox"/> Front of House team | <input type="checkbox"/> Raffle Basket Helper | <input type="checkbox"/> Youth Board Assistants |
| <input type="checkbox"/> Unique talent that you possess and would like to share, please write in _____ | | |

Waiver and release

I hereby agree to allow my child _____ to participate in the April 2012 production of Sherlock Holmes Goes to Hollywood by The Open Road Theatre, its officers, directors, employees and agents (herein, collectively ORT) upon the understanding and conditions that:

1. I represent to ORT that my child is physically and emotionally capable of participating in a full length scripted play consisting of 8 weeks of rehearsals including one week of tech and dress rehearsals and three performances

2. I give permission for my child to participate in ORT's rehearsals after school at the Hamilton Wenham Public library or announced area and to participate in the performances. I release from any liability ORT, the Hamilton Wenham Public library, any announced areas of rehearsal and/or performances and the adult leaders in the event of accident or injury, I give permission for my child to be transported to the nearest hospital and to be treated therein.

3. I agree to allow photographs, slide, videotapes and other reproductions to be taken of my child for the express purpose of recording and publicizing ORT, its events and activities in printed, electronic and on-line formats. I agree to allow these photos to be used in perpetuity.

I hereby execute and deliver this waiver and release to induce ORT to permit my child to participate in its programs
Allergies/health issues _____



Parent/guardian signature

Date

Registration not valid without parental signature!

REGISTRATION DEADLINE: 01/20/2012. Make checks payable to **The Open Road Theatre**. Mail Registration forms and payment to:
A. Scofield 300 Moulton Street, South Hamilton MA 01982.

Scholarships and Payment plans available: Contact Karen McElvain at karenmcelvain@verizon.net

Your payment guarantees your registration and casting. Due to insurance liability and budgetary needs, ORT *will not allow* any participant to begin rehearsals until participant's registration is complete with signature and payment or payment arrangement.

Angels needed

Office use only
Check # _____ Rec'd _____ AMT _____