

## HMT WORKSHOPS

@ St. Raymond Elementary School!!!

Exploring different Broadway musical numbers in each workshop!

## SIGN UP TODAY!

DATES/TIMES: FEBRUARY 11: MONDAY 2:00 - 5:00pm FEBRUARY 25: MONDAY 12 - 3:30pm (bring bag lunch)

MARCH 11: MONDAY 2:00 - 5:00pm

LOCATION: St. Raymond Elementary

1211 Arbor Road, Menlo Park, CA 94025

AGES: Boys and Girls, 1st-8th Grade \*SNACK PROVIDED\*

There will be ADULT SUPERVISION at school dismissal time until the start of each workshop.

Performers will work on one song/scene & dance per workshop\*

The last 10 minutes of the workshop the parents get to come and watch a mini show with costumes and all!

For more info visit; HopeMusicalTheatre.com or (650) 568-3332

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TUITION: \$75 per workshop

Mail this portion with check to secure enrollment to:

Hope Musical Theatre PO Box 3654 Redwood City, CA 94064

Circle your workshop choices: Each workshop has a mini show. You can sign up for 1 or more

**MONDAYS** FEB 11: 2-5 FEB 25: 12-3:30 MAR 11: 2-5

Student's Name:	Grade:	
Parent's Name:	School:	
Mobile Phone:	Home Phone:	
Email:		
Address:	Enclosed: \$for_workshops	
City/State/Zip:		

## **HOPE MUSICAL THEATRE – 2013 Season**

Parental Consent/Release Form

I hereby give consent for my son/dau Hope Musical Theatre 2013 season.	ghter: (print child's name)	to participate in		
application, intending to be legally bound and claims that may arise against Hope N	d, hereby, for ourselves, our heirs, e Musical Theatre, and any persons aff	activities. In consideration of acceptance of this executors and administrators waive and release all rights filiated with this camp/workshops. I give permission to diversible emergency care and transportation should		
= :	pe Musical Theatre reserves the righ	prove immediate and responsible emergency care and at to dismiss campers without refund if either campers on.		
		olish in any medium including, but not limited to, ographs taken by Hope Musical Theatre and its agents of	f	
I also authorize my son/daughter to participate in any athletic activities including dance or gymnastics during Hope Musical Theatre Season and all rehearsals and or performances. I understand that with any athletic or physical activity, my son/daughter may risk physical injury. I release any liability or responsibility with Hope Musical Theatre and its instructors and choreographers.				
HMT does not provide coverage through bodily injury.	Workers' Compensation, and your o	own personal medical insurance is primary in case of		
Please list any food allergies, health conditions, special needs, learning disabilities, behavioral issues, etc. of which we should be aware or that would better help us to understand your child: (please print clearly)				
EMERGENCY CONTACT:				
Name:	Relation:	Phone:		
"Hold Harmless Agreement" The undersigned agrees to defend, indemnify and hold harmless, Hope Musical Theatre and its officers, employees, servants and agents thereof from any and all claims, suits or actions for injuries to persons, including death, and damage to property of others or of the undersigned that may arise from or result in any way from the operation of this Agreement.				
PARENT NAME: (print)				
PARENT SIGNATURE:		DATE:		
How did you hear about HMT Summe	er Camp?			
CARPOOL: Please list all people that h	nave permission to pick up your c	child.		
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