

2017 Stage Right Productions/Earl LeGette Elementary  
*production of*  
**“Cinderella”**

PAYMENT OF FEES IS AVAILABLE ONLINE AT [WWW.STAGERIGHTPRODUCTIONS.NET](http://WWW.STAGERIGHTPRODUCTIONS.NET).  
SPACE IN THE PROGRAM IS LIMITED SO EARLY REGISTRATION IS ENCOURAGED.

To Register:

1. Please Complete Registration form either online, leave it in the office or bring it with you to the first rehearsal on August 28. (Extra registration forms will be available at first rehearsal).
2. Payment is due no later than the first day of rehearsal (08/28/17). Please either pay online with credit card or via Paypal ([www.stagerightproductions.net](http://www.stagerightproductions.net)), OR make checks payable to: Stage Right Productions (Registration fee= \$95.00).
3. Please be aware no refunds will be given after the first class on 08/28/17.

Students Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Best way to contact Parents/Guardians: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Who will pick up your child at the end of each class? \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is there anything we should know about your student?

Are there any rehearsal conflicts? (Please be aware the 10/11, 10/12 and 10/16 are mandatory rehearsals for the performance). See rehearsal schedule on next page.

**\*Almost all rehearsals unless otherwise stated are 3:00 pm – 5:30 pm on Mondays and Wednesdays and 2:15 til 4:15 on Thursdays. (Auditions will be on Monday and Wednesday, August 28 and 30)**

**IMPORTANT DATES:**

August 28/Monday Auditions

**\*\*\* AUGUST 28/MONDAY**

**Parent Meeting 5:30 p.m.**

August 30/Wednesday Auditions

August 30/Wednesday Casting Posted Online by 8pm [www.StageRightProductions.net](http://www.StageRightProductions.net)

**REHEARSALS ARE EVERY MONDAY, WEDNESDAY AND THURSDAY**

October 18/Wednesday School Performance 9:30 am and 10:30 am at LeGette

October 18/Wednesday Tech Rehearsal at Bella Vista High School 6:30 pm – 8:30 pm

October 19/Thursday Family/Friend/Performance 7:00 pm at **Bella Vista High School (in Theatre/Cafeteria)\***

**\*Cast party immediately following the show.** Each family will be asked to bring a plate of cookies or case of water.

Each family will be given 2 tickets for this show. Additional tickets can be purchased at the door for \$5.00/Ticket Booth opens at 6:15, doors open at 6:30. It is general seating. Tickets for the Family/Friend performance at Bella Vista will be given out on, October 11.

**\*Cast party immediately following the show.** Each family will be asked to bring a plate of cookies or case of water.

Each cast member is expected to provide their own danceable shoes and 'base' costumes.

Base costume for girls include:

Nude or black leotard and nude or black tights.

Base costume for boys include:

Black pants and white button-up shirt.

**Cast Member Emergency Information**  
(Please print neatly)

Cast Member Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

Any medical conditions?

**Yes**    **No**   *(If Yes, please use back of paper to explain)*

Any food allergies?

**Yes**    **No**   *(Please explain on back of this form)*

Any allergic reactions to medications?

**Yes**    **No**   *(Please explain on back of this form)*

Cast Member's Height: \_\_\_\_\_ Cast Member's Weight: \_\_\_\_\_

**To cast member, parent/primary medical insurer**

Please carefully read and consider the following:

I understand that in the event of a medical emergency every attempt will be made to reach the parent responsible/emergency contact, based on the phone numbers listed above. In the event that the parent/insurer cannot be reached I give my permission for my child, \_\_\_\_\_ to receive medical treatment deemed necessary and appropriate by an emergency room physician. I understand that I am responsible for any medical bills that may be a result of this injury and, or treatment including fees incurred by ambulance, physician, labs, x-rays, etc.

Medical Insurance Carrier:

Policy/ID #:

\_\_\_\_\_  
Insurer's Signature

\_\_\_\_\_  
Date