

Register by Mail/In person  
 STAGES Academy  
 444 Chesterfield Center  
 Chesterfield, MO 63017



Register by Phone/Fax  
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 Phone 636.530.5959  
 Fax 636.530.5933

## STUDENT REGISTRATION FORM

Register ONLINE at [www.stagesstlouis.org](http://www.stagesstlouis.org)

Student Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### COURSE SELECTIONS

Course Title _____	Code _____	Tuition \$ _____
Course Title _____	Code _____	Tuition \$ _____
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Total Tuition Due	\$ _____
<b>BACKSTAGERS</b>	\$ _____
Registration Fee	\$ <b>15.00</b>
TOTAL DUE	\$ _____
Amount Enclosed	\$ _____



**MasterCard is the preferred card of STAGES ST. LOUIS!**

Choose one of the following payment options:  
 I wish to pay my tuition in full at this time.  
 I wish to make two installment payments.  
 Amount Enclosed = Registration Fee + 50% of tuition  
 Balance is due by the first day of class

**Payment Method**  
 Check is enclosed payable to STAGES ST. LOUIS  
 MasterCard  Visa  
 Acct # \_\_\_\_\_ Name \_\_\_\_\_ Exp Date \_\_\_\_\_

### BECOME A BACKSTAGER!

From providing incomparable productions to educational programs that serve area youth to exceptional employment of local artists, STAGES ST. LOUIS plays a tremendous role in the artistic life of our community. Ticket revenue and Academy tuition provide only 60% of the income STAGES needs to balance its annual budget, and tax deductible annual BACKSTAGERS contributions help make up a large portion of the 40% difference.

Consider joining BACKSTAGERS today and know that you are helping to provide a foundation upon which we can all grow.

#### BACKSTAGERS Levels and Benefits

- \$50 Friend**  
 -The **CUE Card**, a discount and rewards card good for use at a variety of restaurants and shops. Visit [www.stagesstlouis.org](http://www.stagesstlouis.org) to [see a current list of participants.](#)  
 -Two complimentary beverages per performance at CafeSTAGES (using your CUE Card)  
 -10% discount STAGES merchandise purchased at the theatre or Box Office  
**\$100 Supporter** will receive all of the above plus:  
 -An invitation to **BACKSTAGERS Backstage**, an exclusive behind the scenes tour of a STAGES production  
 -10% discount on **Performing Arts Academy classes**  
 -One child's admission to the **Theatre for Young Audiences** production  
**\$150 Backer** will receive all of the above plus:  
 -An invitation to **Sweetest Sounds**, a dessert reception and musical sneak preview of the upcoming season  
**\$250 Angel** will receive all of the above plus:  
 -An invitation to **Page To Stage**, a presentation unveiling design concepts for the upcoming season  
 -10% discount on **Holiday Show** tickets (limit of 6)

### YES! I WANT TO BE A BACKSTAGER!

Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Enclosed is my **check** payable to STAGES ST. LOUIS.

\_\_\_\_\_ Please **charge** my credit card.

\_\_\_\_\_ I would like to waive my benefits so that my gift is 100% tax deductible.

For more information about **BACKSTAGERS** and other giving opportunities at STAGES, please contact the Development Department at 636.530.5959 or email [sscott@stagesstlouis.org](mailto:sscott@stagesstlouis.org).

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### EMERGENCY CONTACT (other than guardian)

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Day Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### EMERGENCY CONTACT (other than guardian)

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Day Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Allergies to Medications: \_\_\_\_\_

### GENERAL INFORMATION

Where did you find out about STAGES?: \_\_\_\_\_  
Name of School: \_\_\_\_\_

### WAIVER/INJURY RELEASE

### ADDITIONAL RELEASES

I hereby release and indemnify STAGES ST. LOUIS and their staff of any and all liability, claims and causes of actions arising out of or in any way connected with my child's/my participation in the programs offered by STAGES ST. LOUIS. Further, I authorize STAGES staff and faculty to seek emergency help and agree to allow any medical personnel the opportunity to treat an illness, injury, or any other medical condition. I agree to accept responsibility for any medical costs which may result from my child's/my participation.

I consent to my child's/my visual image and/or audio recording to be used by STAGES ST. LOUIS in the general promotion of its programs.

I have read the STAGES Performing Arts Academy's "Policies & Procedures". I understand and agree to abide by the content.

I have read the releases and indemnification agreement and understand its meaning.

**\*Parent/Guardian or Adult Student Signature**

**Date**

\*Parent or legal guardian must sign for participants under 18 years of age. Being fully informed as to these risks, I hereby consent to the minor participating in the program.