

REGISTRATION FORM college Counseling

STUDENT & FAMILY INFORMATION

Please use one Registration Form per student. Please print all information.

Student's Name	_____			
Student's Age	Birth Date	_____ / _____ / _____	Current Grade	_____
Street Address	_____			
City	State	_____	Zip	_____
Home Phone #	Fax #	_____		
Student's E-Mail	Would you like to receive PGT e-mail updates? Yes No			
Mother's Name	E-Mail	_____		
Work #	Cell #	_____		
Company	Occupation	_____		
Father's Name	E-Mail	_____		
Work #	Cell #	_____		
Company	Occupation	_____		

COLLEGE COUNSELING & AUDITION PREP

PRE-COLLEGE SUMMER PROGRAM COUNSELING PACKAGES	AMOUNT \$
Pre-College Counseling Session: <i>1 one-hour session</i>	\$200.
Pre-College Counseling Package: <i>4 one-hour sessions</i>	\$700.
COLLEGE COUNSELING PACKAGES	
Initial Consultation: <i>1 one-hour session</i>	\$250.
College Counseling Session: <i>1 one-hour session</i>	\$300.
College Counseling Package: <i>8 one-hour sessions</i>	\$2000.
PRE-SCREEN AND EDITING PACKAGES	
Pre-Screen Recording Session: <i>1 one-hour session</i>	\$350.
Pre-screen Recording Package: <i>8 one-hour sessions</i>	\$2500.
Pre-screen Editing Package: <i>Common Pre-Screen requirements</i> <small>Includes the complete Common Pre-Screen, fully prepared to upload</small>	\$500.
Custom Video Editing Package: <i>Art and Music Portfolio requirements</i>	Call for pricing
TOTAL DUE	

PAYMENT OPTIONS

By submitting registration, you agree to PGT's program and payment policies. Review current policies at policy.playgroup.org

You may pay by check or complete credit card info below. Please make checks payable to The Play Group Theatre.

Or circle one: MASTER CARD VISA AMEX (NOTE: the security code is on the rear of your MC or Visa and on the front of your AMEX)
I authorize the following charge to be made to my credit card. In addition, I authorize payment of any balance owed to be charged to the same card.

Card Number _____	Exp. Date _____	Security Code _____
Signature _____	\$ Amount _____	

PLEASE SEND THIS FORM, ALONG WITH YOUR PAYMENT TO: **The Play Group Theatre**
One North Broadway, Suite 111
White Plains, NY 10601

FAX credit card orders to 914-946-1336

For Office Use Only:

Date Rec'd _____

QB _____ L _____

CC _____ Conf _____

Date									
Due									
Paid									
Ck#									