

TOFY 2021 PAYMENT FORM

(Please download, print, fill out, and bring with your payment to Registration/Auditions)

Cost of camp is \$125. For subsequent siblings, the cost is \$75.

Example: Child 1=\$125, Child 2=\$75, Child 3=\$75

Name of person making payment: _____

Address: _____

Phone: _____ Email: _____

Name/s of participants: _____

Total amount due: _____

Paid via:

Cash _____

Check # _____ (Please make checks out to Theatre West)

Credit/Debit:

Card type:

(We accept Visa, Mastercard, Discover)

Card number _____

Name on card _____

Expiration date _____

Code (3-digits on back) _____

If you are receiving a HAL Scholarship from Gering Public Schools, or are a Theatre West scholarship recipient, please write the name of the participant/s above, the source of the scholarship below, and give your form to the staff at the payment table. If you received a partial scholarship, please include your payment information for the remainder of the camp fee.

Source of scholarship: _____