

CAST 2026 Summer Sessions Enrollment Application

Steamer No.10 Theatre — 500 Western Ave. Albany NY 12203

info@steamer10theatre.org 518-438-5503 www.steamer10theatre.org

PLEASE SELECT SESSIONS:

- | | |
|--|---|
| <input type="checkbox"/> June 29 - July 3 PUSS IN BOOTS *12PM SHOW* | <input type="checkbox"/> Aug 3 - Aug 7 HANSEL & GRETEL |
| <input type="checkbox"/> July 6 - July 10 THE RELUCTANT DRAGON | <input type="checkbox"/> Aug 10 - Aug 14 WRINKLE IN TIME |
| <input type="checkbox"/> July 13 - July 17 RIP VAN WINKLE | <input type="checkbox"/> Aug 17 - Aug 21 ROBIN HOOD (GOOD/BAD FAIRIES) |
| <input type="checkbox"/> July 20 - July 24 BILLY BEG & THE BULL | <input type="checkbox"/> Aug 24 - Aug 28 WANDA THE PSYCHIC WOMBAT |
| <input type="checkbox"/> July 27 - July 31 RUMPELSTILTSKIN | |

PLEASE SELECT SCHEDULE:

- | | |
|--|---|
| <input type="checkbox"/> MONDAY - FRIDAY 9:00AM - 5:00 PM \$350 | <input type="checkbox"/> NON-REFUNDABLE REGISTRATION FEE INCLUDED \$50 |
| <input type="checkbox"/> EARLY DROP OFF: 8:30AM - 9:00AM \$50 | <input type="checkbox"/> LATE PICK UP: 5:00PM - 5:30PM \$50 |

ALL FEES ARE BASED ON A PER-WEEK BASIS AND ARE DUE THE MONDAY OF EACH CAMP SESSION

FINAL PERFORMANCES FOR FAMILIES AND FRIENDS ARE FRIDAYS 3:00PM

Non-Refundable \$50 Deposit for each session is due with Registration – part of \$350 Tuition.

Please provide the following information for each applicant:

Student Name (Last) _____ (First) _____ (Pronoun) _____ (Date) _____

Address (Street, City, State, Zip Code): _____

Parent/Guardian (Name) _____ (Cell #) _____ (Work #) _____

Parent/Guardian (Name) _____ (Cell #) _____ (Work #) _____

E-mail Address(es) _____

Parent Address (If Applicable): _____

Authorized Pick-Up (Name) _____ (Cell #) _____

Authorized Pick-Up (Name) _____ (Cell #) _____

Emergency Contact (Name) _____ (Cell #) _____ (Work #) _____

Emergency Contact (Name) _____ (Cell #) _____ (Work #) _____

Student's Date of Birth _____ / _____ / _____ Age _____ Grade Level _____

School/Home-School currently attending _____

COVID 19: (Circle One) YES / NO Student is Vaccinated YES / NO Student has received recent Booster Shot

Student Theatre Experience (if any) _____

I wish to apply for low-income student scholarship. (If checked an application will be sent to you)

Payment of \$ _____ attached - check payable to: **Steamer No.10 Theatre**

Pay with Credit Card - <https://steamer10theatre.org/programs/>

Medical Conditions or Allergies: _____

Accessibility Needs or Special Instructions: _____
