

# REGISTRATION FORM

**APPLICATIONS ARE ACCEPTED ON A FIRST-COME BASIS UNTIL ALL SPACES ARE FILLED**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Town, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female Parent or Guardian Names \_\_\_\_\_

Emergency Telephone Number/Contact Person \_\_\_\_\_

I am registering for \_\_\_\_ **ARTSHOP 1: Splice of Life: Jazz & Poetry** (Include \$25 payment\*)

\_\_\_\_ **ARTSHOP 2: Music & Theater** (Include \$25 payment\*)

Your School \_\_\_\_\_ Current Grade \_\_\_\_ Have you attended GIV? \_\_\_\_ If so, which one \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Questions? Contact the Governor's Institutes of Vermont at 802.229.4757 or GIV@sover.net or www.giv.org

Mail registration forms and payment to: GIV, 25 Hubbard Street, Montpelier, VT 05602

**\* Make check payable to Governor's Institutes of Vermont. If you do not get into the workshop we will return or destroy your check.**

## **Parent, Guardian or Teacher – choose your \$10\* workshop below:**

\_\_\_\_ **ARTSHOP 1: Splice of Life: Jazz & Poetry**      \_\_\_\_ **ARTSHOP 2: Music & Theater**

Name \_\_\_\_\_ Parent \_\_\_\_\_ Educator \_\_\_\_\_

Name of your student \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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