

2014 Summer Sensation Training

In coordination with Winter Opera Saint Louis



Registration Form (use a separate form for each student)

June 16th-June 27th, 2014 (Youth)

August 4th-August 15th, 2014 (Teens)

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

T-Shirt Size (circle): **Child:** 10-12 14-16 **Adult:** S M L XL XXL

School Attending: _____

Parent/Guardian: _____

Address: (if different than above) _____

City: _____ State: _____ Zip: _____ - _____

Telephone Day: (____) _____ Evening: (____) _____

E-mail: _____

| Section A | 9-12 Year Olds | Before May 1 st | After May 1 st |
|-----------|----------------|----------------------------|---------------------------|
|-----------|----------------|----------------------------|---------------------------|

| | | |
|-----------------|-------------|-------------|
| 1:00pm – 4:30pm | \$310 _____ | \$340 _____ |
|-----------------|-------------|-------------|

| Section B | 13-18 Year Olds | Before June 1 st | After June 1 st |
|-----------|-----------------|-----------------------------|----------------------------|
|-----------|-----------------|-----------------------------|----------------------------|

| | | |
|-----------------|-------------|-------------|
| 1:00pm – 5:00pm | \$210 _____ | \$235 _____ |
|-----------------|-------------|-------------|

Payment Options (DO NOT SEND CASH)

Check # _____ OR Credit Card # _____

Payable to “Winter Opera Saint Louis ”

Visa _____ MC _____ Exp/Date ____ - ____

Signature _____

MAIL TO: Winter Opera Saint Louis
Attn: Summer Sensation Training Program
2322 Marconi Avenue
Saint Louis, MO 63110

Have questions? Please call 314-865-0038