

# 2019 State Conference Price List

## Early Bird Discount

Save 10% off registration fees if registration (Dec. 7) AND payment (Dec. 21) deadlines are met!

<b><u>Student Registration</u></b>	
INDUCTED Thespians--Full Conference	\$80
INDUCTED Thespians--Saturday Only Access	\$60
FUTURE Thespians (not inducted)--Full Conference	\$90
FUTURE Thespians--Saturday Only Access	\$70
Guest of a Troupe Director	Free (no change)
Students of the Guest of the Troupe Director (up to 5 FUTURE Thespians)--Full Conference	\$90
<b><u>Non-Chartered Troupes (those that are inactive according to the National Office as of Registration)</u></b>	
All students	\$90
Non-Chartered Troupe Fee	\$50
<b><u>Individual Events/Tech Olympics</u></b>	
EACH person in EACH entry	\$10 (INDIVIDUAL EVENTS AND TECH CHALLENGE ENTRIES ARE NOT ELIGIBLE FOR THE EARLY BIRD DISCOUNT)
<b><u>Adults</u></b>	
Troupe Director (fewer than 10 students with them)	\$60
Troupe Director (more than 10 students with them)	Free (no change)
Assistant Troupe Director (20 or more student delegates)	Free (no change)
Chaperones	\$60
Alumni	Free We will pay their hotel room (if the alumni's commute is more than 25 miles one way), lunch and dinner on Saturday, and provide them with a conference shirt. In exchange, they must provide transportation to and from the conference and hotel, and must work the entire weekend. ALL ALUMNI MUST COMPLETE AN APPLICATION AND RECEIVE APPROVAL BY THE CHAPTER DIRECTORS based on recommendation of their former troupe director.
<b><u>Other Fees</u></b>	
Change Fee (per change after December 21, 2018)	\$10
Late Fee (per school after December 21, 2018)	\$50



## Health Care Consent Form

**Please Note:** Indiana Thespians, the Educational Theatre Association, nor the host venue are liable for any medical costs associated with any injury or accident.

*Type or print LEGIBLY. Use black ink only. Print name exactly as it appears on the registration form.*

### DELEGATE INFORMATION:

Delegate Name \_\_\_\_\_

Troupe Director \_\_\_\_\_

Troupe Number \_\_\_\_\_ School Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State IN ZIP \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Alternate Phone Number to use in case of emergency during conference \_\_\_\_\_

*Should it be necessary to transport delegate to a local hospital, the parent/guardian will be notified by phone.*

### HEALTH CARE INFORMATION:

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Reason for taking medication or other information that would be useful in the event medical treatment is necessary:

**PAYMENT INFORMATION (CIRCLE ONE):** Parent                  Student                  Insurance Company

Family Physician	Health Insurance Information
Name _____	Insurance Company Name _____
Phone Number with area code _____	Policy Number _____
Address _____	Address _____
City, State, ZIP _____	City, State, ZIP _____

The undersigned parent or guardian understands that should a major medical problem arise, she or he will be notified by telephone. In the event that she or he cannot be reached, she or he hereby gives consent to such medical treatment as deemed necessary, including x-ray examination and anesthesia to be rendered by a licensed physician(s). The undersigned certifies that she/he has read and fully understands this authorization.

\_\_\_\_\_  
Signature of above named delegate

\_\_\_\_\_  
Signature of Parent/Guardian

**Directors: Bring TWO copies of the completed form for every student. One should be submitted prior to registration, one will be carried by the student, and one will be kept in your possession.**