

Footlight Players PO Box 46 • Michigan City, IN 46361 • Attn: Bill

Complete the Highlighted fields and then print out the form for mailing

Workshop Registration Form

Summer 2010

(Please PRINT)

Student's Name: _____ Age: _____ Current Grade: _____

Address: _____ Birth Date: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Mother (Legal Guardian): _____ Work Phone: _____ Cell: _____

Father (Legal Guardian): _____ Work Phone: _____ Cell: _____

Home Phone: _____

Email address _____

Confidence Building and Character Development

Grades 3-8

June 14-18

9 AM-NOON

\$75 (if registration and money is in before May 1st)

\$80 after _____

Character Development

Grades 9-1st year out of HS

June 14-18

1 PM-4 PM

\$75 (if registration and money is in before May 1st)

\$80 after _____

DEADLINE FOR ALL REGISTRATIONS: JUNE 4th

TOTAL: _____

Payment by: () Check # () Cash

Amount Received\$ _____ Received by: _____ Date: _____

Comments, questions, form information may be emailed to: ckramer@npusc.k12.in.us or info@footlightplayers.org

PLEASE REMEMBER TO PROVIDE A BAG LUNCH FOR YOUR CHILD

EMERGENCY INFORMATION

Allergies: _____

Name of Doctor _____ Hospital _____

Medical Insurance Carrier _____ Policy# _____

Alternate contact if parents can not be reached: _____

Relationship _____ Phone # (s) _____

MEDICAL CONSENT:

I, (name) _____ of (city) _____ (Co.) _____

(State) _____ do hereby state that I am the Parent or Legal Guardian of the above named student, a minor, who resides with me. I authorize the staff of Footlight Theatre to consent to any emergency treatment deemed necessary by an attending licensed physician to the above named minor in my absence. This consent will be valid for the term of the classes he (she) is attending.

SIGNATURE of Parent or Guardian _____

Dated _____