

**Thalian Association Community Theatre
Youth Theatre Academy
Registration Form**

Student's Full Name: _____

Gender: M / F Age: _____ Date of birth: _____ Grade: _____

Street Address: _____ Zip: _____

**Email (this is our primary form of communication!
Please write clearly and give us the best single email to reach the family!**

Email: _____

Mother's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Harris Teeter Vic # (or Phone #) _____ Last Name: _____

List Class, Day, Time and Location: (example: Acting, Wed. 5:30-6:30 HBHUSO/CAC)

(Initial)

____ I authorize Thalian Association Community Theatre to use photographs & videos of above mentioned student for Thalian Association Community Theatre / Academy advertising and publicity.

(Initial)

____ I have read the Thalian Association Community Theater and Academy Code of Conduct & our signatures affirm our agreement of and support for the Thalian Association Community Theater and Academy Code of Conduct in its entirety.

____ I understand payment installments are: _____ Signature: _____

If semester is paid in full, ask about our *Current Discount Coupon*
You may Register Online or call to use your Credit or Debit Card
251-1788

Form of Payment: CC / Cash/Check # _____ Amount: _____

Additional information we should know about your child:

How did you hear about us / classes or workshop: _____