

WAGNALLS FAMILY THEATRE – CLASS REGISTRATION FORM – Summer 2009

General Information - Please fill out one form for each student. Please print clearly with dark ink.

Student's Name: _____ Nickname (or none): _____

Age / Grade: _____ Date of birth: _____ Parent/Guardian: _____

Street Address: _____

City, State, and Zip: _____

Home Phone: _____ Phone during class: _____

Cell: _____ Email: _____

How did you hear about WAGNALLS FAMILY THEATRE? (Please circle one)

★ I heard about you from a friend ★ I picked up a flyer ★ I saw your website ★ I saw an ad in _____

Do we have permission to photograph your child in classes? (For WFT's use only) Y N (Circle one.)

I am willing to volunteer during the showcase to be a (please circle): stage hand concession worker costumer

Emergency Information (for instructor's use)

Emergency Contact (other than parent): _____ Phone during class: _____

List others permitted to pick-up student: _____

Please list special conditions for this student (such as allergies, ADD, LD, physical limitations, etc) or indicate NONE:

Please Circle The Class You Wish To Register For:

All story lines will change, with one thing in common- A Silent Film!

In each class, young actors will learn the style of silent film actors, and acting for a camera. The final will be each class starring in their own silent film, to be viewed on a "Family Movie Night", held in the Wagnalls Memorial Auditorium on Thursday, August 27 at 6:30PM. Family Movie Night will be open to the public.

Ages: 4 -7
 Dates & Time: Saturdays July 18-August 22,
 10:00am-11:30am
 Instructor: Spenser Morris

Ages: 8-11
 Dates & Time: Saturdays July 18-August 22,
 12:00pm-2pm
 Instructor: Tina Gleason

Ages: 12-16
 Dates & Time: Saturdays July 18-August 22,
 9:30am-11:30am
 Instructor: Tina Gleason

Ages: 12 -16
 Dates & Time: Saturdays July 18-August 22,
 12:00pm-2pm
 Instructor: Spenser Morris

All instructors have received background checks.

Cost: Class sessions are \$45 each; \$35 per class session for additional children of the same family. Need based scholarships are available. If there are financial considerations that would challenge the ability of your child's participation with WFT, please let us know. Application information for a scholarship based on financial need can be provided.

Method of Payment

___ Cash ___ Check (made out to "The Wagnalls Memorial")

Check one: ___ Visa OR ___ MasterCard

Credit Card # _____ Expires _____

Signature: _____

THANK YOU!

Amount of Payment

TOTAL = _____

Mail registration form to:
The Wagnalls Memorial
150 East Columbus Street - P.O. Box 217
Lithopolis, OH 43136
 OR fax your form to 614.833.4767

If you have any questions, please call: 614.837.4765 Ext. 126 or email Tina Gleason at nunziatina4@yahoo.com.