

WAGNALLS FAMILY THEATRE - REGISTRATION FORM – SPRING 2008

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: _____

Day 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 our child in classes? (For WFT's use only) Y N (Circle one.)

List of names with permission to pick up registrant : _____

Emergency Information (for instructor's use)

Emergency Contact: _____ Phone during class: _____

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: (Payment is due the first day of class)

FAIRY TALE FLIPS - CLASS I – AGES 5-8 For beginners with no prior class experience

SHAKESPEARE COMEDY FOR KIDS - CLASS 11 – AGES 5-8 – For students with prior acting class experience

INTRODUCTION TO ACTING - CLASS III – AGES 9-UP -For beginners with no prior class experience

CLASSICAL ENSEMBLE – CLASS IV – AGES 9-UP –For students with prior acting class experience

(See attached for class descriptions)

Price for classes: \$40.00 (each additional child in family will be \$30.00)

Dates of classes Saturdays April 19th through May 31st -10-12 or 1-3pm, with a Showcase on 5/31 at 7pm. The Showcases will be in the auditorium and will be free to the public with donations accepted. All instructors have received background checks.

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 need can be provided.

Method of Payment

Check (made out to "The Wagnalls Theatre Company")

Check one: Visa OR MasterCard

Credit Card # _____ Expires _____

Signature: _____

THANK YOU!

Amount of Payment

TOTAL = _____

Mail registration form to:
The Wagnalls Memorial P.O. Box 217
Lithopolis, OH 43136
 OR fax your form to 614.833.4767
 OR register online at www.wagnalls.org

If you have any questions, please call: 614.837.4765 Ext. 104.

Office use - date and initial when registration form was received: _____