



Christian
You **h**
Performers

Angelia Bacon, Director
45 Carriage Park Ct.
Oxford, GA 30054
(770) 385-5928
ang@christianyouthperformers.com
www.christianyouthperformers.com

Registration Form

NOTE: Your registration is not complete until your Registration Fee is paid. Please mail a check payable to "Christian Youth Performers" along with this completed registration form, one for each child (you may skip the Parent information in subsequent forms if you have more than one child). Registration Fee is:

- \$40 per child if received by Sep. 1
- \$50 per child if received by Oct. 1
- \$60 per child if received after Oct. 1

STUDENT INFORMATION

Student's Name: _____ Age: _____ Date of Birth: ____/____/____
Last First

Parent's Primary Phone #: (____) _____ Primary E-mail: _____

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____ Gender (circle): M / F

Parent/Guardian Name(s): _____
Last First

Emergency Contact: _____ Relationship: _____ Phone #: (____) _____

VOLUNTEER SECTION:

I am willing to volunteer (circle): YES / NO If yes, please circle areas of interest below: (circle all that apply)

Costume Making, Set Building/Painting, Rehearsal Managers, Food/Snacks, Administrative duties, other: _____

Name: _____ Phone: (____) _____ E-mail: _____

MUSIC AND THEATER EXPERIENCE:

Has student ever participated in a theater production? Y / N If YES, when, what show, what role played and where:

FOR OFFICE USE ONLY:			
PAID: (circle) CASH/CHECK # _____	AMT: _____	DATE RECEIVED: ____/____/____	BY: _____
			<i>Initials</i>