



AURORA COMMUNITY
T ♦ H ♦ E ♦ A ♦ T ♦ R ♦ E
 CENTER FOR THE PERFORMING ARTS

**Children's Summer
 Workshop 2010**

REGISTRATION FORM

(PLEASE CIRCLE PREFERRED WORKSHOP)

Workshop A July 26—August 7

Workshop B August 9 – 21

Child's name _____ Age _____ \$225 _____

School _____ Grade in Fall '10 _____

Child's name _____ Age _____ \$200 _____

School _____ Grade in Fall '10 _____

Child's name _____ Age _____ \$200 _____

School _____ Grade in Fall '10 _____

TOTAL ENCLOSED _____

Parent(s) names *(include last name if different from child's)* _____

E-mail _____

Address _____ City _____ ZIP _____

Home Phone (_____) _____ Other Phone (_____) _____

Emergency Contact _____ Phone (_____) _____

T-shirt size (circle one) YOUTH: 6-8 10-12 14-16 **OR** ADULT: Medium Large X-Large

Please list any prior theatre experience _____

Parents, we welcome your support. Let us know where you can help:

Lunch Supervision _____ Costumes _____ Make-up _____ Backstage _____ Cast Party _____

Lobby showcase _____ Tear down _____ Publicity _____ General daily assistance _____

Parent signature _____

Date _____

Office Use Only M

PMD _____ # _____

CK # _____

CK AMT _____

CK Date _____

**Make checks payable to Aurora Community Theatre and mail to:
 ACT Summer Workshops P.O. Box 9 Aurora, Ohio 44202**