

Registration Form

I would like my Summer Camp Info Packet _____ mailed _____ emailed to me.

STUDENT INFORMATION

Please complete one (1) form per student.

Student's Name _____

Address _____

City _____

State _____

Zip _____

Age _____ Date of Birth _____ Gender M F 2017-2018 Grade _____

School _____

Allergies or other medical issues _____

Learning differences or physical disabilities _____

Please check box(es) for racial or ethnic identity(ies) of student.

Asian Black Hispanic Mixed Race White Other

How did you discover the RLT Youth Education Program? _____

Parent 1 Name _____ Home # _____

Work # _____ Cell# _____ E-mail _____

Parent 2 Name _____ Home # _____

Work # _____ Cell# _____ E-mail _____

Add E-mail address(es) to the RLT Fanfare Email List to receive surveys and advance information about upcoming performances, events and classes.

Parent 1 Email

Parent 2 Email

Emergency Contact Name _____ Phone # _____

Relationship to Student _____ Persons authorized to pick up student _____

Publicity Approval (The undersigned gives Raleigh Little Theatre permission to use his/her child's name and/or photograph for public relations and marketing purposes.)

Signature _____ Date _____

SUMMER CAMPS (For Teens On Stage and Teens Backstage please do not complete this form until student has auditioned or interviewed and is accepted into the program.)

CAMP NAME	DATES	\$50 DEPOSIT
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____

EARLY DROP-OFF and LATE PICK-UP (Doors open at 8 am and close at 5:30 pm.)

One-Week Camps

Early Arrival—\$30 Late Departure—\$30 Combination—\$50 \$ _____

RLT t-shirt: Size _____ #Shirts _____ x \$10 each = \$ _____

Donation to RLT Education Program Scholarship Fund \$ _____

TOTAL ENCLOSED \$ _____

PAYMENT INFORMATION

Enclosed is a check payable to: Raleigh Little Theatre

Please charge my credit card: MasterCard VISA American Express Discover

Name as it appears on card _____

Account # _____ Exp. _____

Signature _____ Security Code _____ Credit Card Zip Code _____

Send form and payment to: RLT Education Program, 301 Pogue Street, Raleigh, NC 27607 Or, if paying with a credit card, you may also fax this registration form to (FAX) 919-821-7961 or email it to Kathleen@raleighlittletheatre.org