

CONTACT INFORMATION

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

E-MAIL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

STUDENT INFORMATION

CURRENT AGE: _____ SEX: _____ BIRTHDATE: _____ GRADE: _____ SCHOOL: _____

HOW DID YOU HEAR ABOUT DTC THEATER DAY CAMPS: _____

REGISTRATION INFORMATIONSESSION: 1 2 3 Workshop CLASS: _____

TIME OF CLASS: _____ TUITION: _____

PAYMENT INFORMATION*Please mark payment option:***\$65 Non-Refundable Deposit per Class:** _____ **OR Full Tuition:** _____

CARD: MC: _____ VISA: _____ AMEX: _____ DISC: _____

ACCOUNT NUMBER: _____ EXP. DATE: _____

CARDHOLDER NAME: _____

YOUR REGISTRATION IS NOT COMPLETE UNTIL AN E-MAIL CONFIRMATION IS SENT TO YOU**ADDITIONAL INFORMATION (FOR OFFICE USE ONLY)**

You may return this form to us by fax to 214.521.7666, Attn SuperStage or by mail to Dallas Theater Center, 2400 Flora St., Dallas, TX, 75201 or e-mail it to Rebecca.Reid@dallastheatercenter.org