



**CROTON TEEN THEATRE
REGISTRATION FORM (PLEASE PRINT)**

Name _____
 Address _____
 Home Telephone () _____
 Date of Birth ___/___/___
 School _____ Grade (as of 9/11) ____
 Teen: e-Mail _____ cell () _____
 Parent: e-Mail _____ cell () _____
 Emergency Contact _____
 Telephone () _____

Parent Volunteer Information
 Parents' Names: _____
 Available: Daytime () _____ Evening () _____ Weekend () _____
 For: Ticket Sales () Raffle Sales () Donations () Refreshments ()
 Publicity () Set Construction/Transportation/Installation ()
 Donations () As Needed ()

Health Insurance
 Plan Name _____
 Insured _____ ID # _____
 Primary Physician _____ Telephone () _____
 I give permission for staff of Croton Teen Theatre to obtain emergency medical treatment for my child, _____
 _____ / ___/___
 Parent/Guardian Signature _____ Date _____
 (Please attach a copy of the front and back of insurance card to this form)

Date of Registration ___/___/___ ****Early Bird \$400() Regular Fee \$450()**
 Amount Paid _____ Check # _____
 Cancellations prior to June 20, 2011 will be refunded tuition minus \$50 administration fee.
 There are no refunds once program begins.
****Early Bird Ends: May 15, 2011.**

Please return registration forms and checks made payable to Croton Teen Theatre by **6/2/11**:
Croton Teen Theatre
420 South Riverside Ave., Box 206
Croton on Hudson, NY 10520
www.crotonteentheatre.org