

REGISTRATION FORM
Young Actors Workshop
The Old Town Hall, 273 Route 81, Killingworth
March 5, 2011
10am – 3pm

Family Name: _____

Primary Household Member Information

Name: _____ Phone: (Home) _____

Address: _____ (Work) _____

Town: _____ (Cell) _____

Email _____

Emergency Contact(s)

Emergency Phone:

1) _____

2) _____

Participant Name _____ Date of Birth _____

Nickname (if any) _____ Grade _____

Allergies/Medications/Other info:

I agree to hold Ct Kids on Stage, any person connected therewith, its employees, members and those associated with this program harmless from any and all claims for bodily injury, negligence and property damage arising from _____'s participation in this activity.

(print name of participant)

In addition, I understand that refunds will only be made if the class and the make-up class are cancelled due to weather. The make-up class will be April 9th.

Photos taken at this program may be used for promotional purposes.

Please check here only if you do not want pictures published.

Parent/Guardian Signature _____ Date _____

Mail registration form and check payable to: Maureen Alfiero, 18 Reservoir Road, Killingworth, CT 06419 860-663-1218

Participants should wear comfortable clothing and bring a lunch/snack and water.

Fees Received	Tuition	\$ 60.00
	Total	\$ _____