

## Bay City Players, Youtheatre Registration Form 2020

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| First Name:   | Phone:   |
| Last Name:  |  |
| Address:  | School:  |
| City:   | Grade: <span style="margin-left: 100px;">Age:</span>   |
| Parent/Guardian Name:   | Phone:   |
| Other Contact Name:   | Phone:   |
| Email address:  |  |
| T-shirt size:<br><input type="checkbox"/> Child's Large <input type="checkbox"/> Adult Large<br><input type="checkbox"/> Adult Small <input type="checkbox"/> Adult XL<br><input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult 2X | For the first four sessions only (before casting),<br>I request the following session:<br><input type="checkbox"/> Early Saturday (9:00-10:30)<br><input type="checkbox"/> Late Saturday (10:45-12:15) |

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| <b>For play rehearsals (after casting), I request the following rehearsal schedule:</b><br><input type="checkbox"/> Monday/Wednesday/Early Saturday<br><input type="checkbox"/> Tuesday/Thursday/Late Saturday<br><input type="checkbox"/> No Preference |
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| <b>For families with more than one child in Youtheatre, I request the following (please note, we can only honor this for siblings, not friends, cousins, etc.):</b><br><input type="checkbox"/> Please cast them on the same days and in the same play<br><input type="checkbox"/> Please cast them on the same days, but different plays<br><input type="checkbox"/> No Preference |
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| If your child requires an accommodation for a medical condition, including any type of allergy, please detail here: |
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| Is there any other information regarding your child that we might find useful? |
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| Form completed by: | Date: |
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| <b>For Youtheatre Staff Only:</b><br><input type="checkbox"/> Paid Check # _____<br><input type="checkbox"/> Paid Cash<br><input type="checkbox"/> Other Visa, MasterCard, American Express. _____ | <b>Other Staff Comments:</b><br><br><br> |
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