

Bay City Players, Youtheatre Registration Form

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

For play rehearsals (after casting), I request the following rehearsal schedule:
<input type="checkbox"/> Monday/Wednesday/Early Saturday <input type="checkbox"/> Tuesday/Thursday/Late Saturday <input type="checkbox"/> No Preference
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.):
<input type="checkbox"/> Please cast them on the same days and in the same play <input type="checkbox"/> Please cast them on the same days, but different plays <input type="checkbox"/> No Preference
Please list any Food Allergies we should be aware of:
Comments:

Form completed by:	Date:
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For Youtheatre Staff Only: <input type="checkbox"/> Paid Check # _____ <input type="checkbox"/> Paid Cash <input type="checkbox"/> Credit Card _____	Other Staff Comments:
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