Bay City Players, Youtheatre Registration Form 2019

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

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| **For play rehearsals (after casting), I request the following rehearsal schedule**:  □ Monday/Wednesday/Early Saturday  □ Tuesday/Thursday/Late Saturday  □ 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.):  □ Please cast them on the same days and in the same play  □ Please cast them on the same days, but different plays  □ No Preference |
| Please list any medical conditions/allergies we should be aware of: |
| Comments: |

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| Form completed by: | Date: |

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| For Youtheatre Staff Only:  □ Paid Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Paid Cash  □ Other Visa, MasterCard, American Express.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other Staff Comments: |