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: |