



IMAGINE THAT! THEATRE

Summer 2010 Registration Form

Please complete this form and mail it with your registration fee to
78 Teaberry Place, Fishersville, VA 22939
(\$50 per student, if siblings \$90 total for two, \$100 for three or more)

Name:

Age:

Birth Date:

M/F:

Grade:

School:

How did you hear about us?

Name of Parent(s)/Guardian(s):

Complete Address:

Home Phone:

Daytime Phone:

Cell Phone:

E-mail:

Previous Experience in Performing Arts:

Previous Imagine That! Sessions Attended:

Medical Concerns/Allergies:

Emergency Contact: (Name/Relationship/Phone Number)

Please list any other person(s) who may be transporting your child to and from these classes:

(by completing this section, you are giving permission to Imagine That! to release your child to the person(s) listed below)

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Imagine That! Theatre's Child Protection Policy is available upon request.

Throughout the workshop we may have the opportunity to photograph the students for future use. Do you give permission for your child to be photographed and included in Imagine That! publicity and on the Web site? (Student names will NEVER be included with photography)

_____ Yes

_____ No