

Registration Form

Please complete one (1) form per student and print clearly.

STUDENT INFORMATION

Student's Name _____ Age _____

Address _____ Gender _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

YES! Please add my E-mail address to the **RLT Fanfare Email List** to receive advance information about upcoming performances, events and classes.

Emergency Contact Name _____ Phone _____

Please check box(es) of racial or ethnic identity/ies. *(Statistical purposes only)*

White Black Hispanic Asian Native American Indian Other

THE UNDERSIGNED gives Raleigh Little Theatre permission to use his/her name and/or photograph for public relations and marketing purposes.

Signature _____ Date _____

NAME OF CLASS

FEE

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

Donation to RLT's Scholarship Fund: \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

PAYMENT INFORMATION

Note: Class Fees must accompany this Registration Form. No refunds after the first class of a session.

Enclosed is my check payable to Raleigh Little Theatre

Please charge my credit card: MasterCard Visa American Express Discover

Name as is appears on card _____

Account # _____ Exp. Date _____

Signature _____ V-code _____

Please send your registration form and payment to: RLT Education Program, 301 Pogue Street, Raleigh, NC 27607.
If paying by credit card, you may also fax form to 919-821-7961 or email kathleen@raleighlittletheatre.org



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