

Registration Form

RLT'S SUMMER 2008 REGISTRATION FORM

STUDENT INFORMATION *(Please complete one (1) form per student.)*

Student's Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____ Gender M F 2008–2009 Grade _____

2008–2009 School _____

Allergies or other medical issues _____

Learning differences or physical disabilities _____

Please check box(es) for racial or ethnic identity(ies) of student.*

White Black Hispanic Asian Indian Other _____

**Raleigh Little Theatre receives grant money that may be earmarked for certain populations. We need this information to distribute such funds appropriately. Answering this question is optional.*

Mother's Name _____

Home # _____ Work # _____

Cell # _____ E-mail _____

Father's Name _____

Home # _____ Work # _____

Cell # _____ E-mail _____

Emergency Contact Name _____

Phone # _____ Relationship to Student _____

Persons authorized to pick up student _____

PUBLICITY APPROVAL *The undersigned gives Raleigh Little Theatre permission to use his/her child's name and/or photograph for public relations and marketing purposes.*

Signature _____ Date _____

How did you hear about the 2008 summer programs? _____

Have you taken RLT classes or camps before? Yes No

SUMMER CAMPS *For Teen Performance Camps, please do not complete this form until student has auditioned and is accepted into the program.*

Each camp registration requires a \$50 deposit.

CAMP NAME	DATES	\$50 DEPOSIT
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____

EARLY DROP-OFF and LATE PICK-UP *(doors open at 8am/doors close at 5:15pm)*

ONE-WEEK CAMPS

Early Arrival – \$30 Late Departure – \$30 Combination – \$40 \$ _____

TEENS ON STAGE

Early Arrival Only (JUN 23 – JUL 18) – \$50 \$ _____

Donation to RLT Education Program Scholarship Fund \$ _____

TOTAL ENCLOSED \$ _____

PAYMENT INFORMATION

Enclosed is a check payable to: Raleigh Little Theatre

Please charge my credit card: MasterCard VISA American Express Discover

Name as it appears on card _____

Account # _____ Exp. _____

Signature _____ Security Code _____

SEND REGISTRATION FORM AND PAYMENT TO: RLT EDUCATION PROGRAM, PO BOX 5637, RALEIGH, NC 27650
OR, IF PAYING WITH A CREDIT CARD, YOU MAY ALSO FAX THIS REGISTRATION FORM TO 919-821-7961.