Kegistratio	n Form	
Location RLT Wendell Knightdale		
STUDENT INFORMATION Please complete one (1) form per student. Student's Name		
Address		
City	State	Zip
Age Date of Birth	Gender M F	
2017–2018 School	Grade	
Allergies or other medical issues		
Allergies or other medical impairments and/or learning difficulties:		
Please check box(es) of racial or ethnic identity/ies of child:	k Hispanic Mixed Race	White Other
Have you been a student at RLT before?		
How did you discover RLT's Youth Education Program?		
Mother's Name Home #		
Work # Cell# E-mail		
YES! Please add my E-mail address to the RLT Fanfare Email List to receive add classes.		ormances, events and
Father's Name	Home #	
Work #		
YES! Please add my E-mail address to the RLT Fanfare Email List to receive addresses. Emergency Contact Name		
Relationship to Student Persons authorize	d to pick up student:	
THE UNDERSIGNED gives Raleigh Little Theatre permission to use his/her child's purposes.	name and/or photograph for public rela	ations and marketing
Signature		Date
Name of Class		y of Week Fee
1		
2		
4		
	Donation to RLT Youth Program	
	_	OUNT ENCLOSED: \$
PAYMENT INFORMATION	TOTAL AIVIC	ONI ENGLOSED. \$
Enclosed is my check payable to Raleigh Little Theatre		
Please charge my credit card: MasterCard Visa American Exp	ress Discover	
Name as it appears on card		
Account #		
Exp. Date V-code Credit Card Zip Code		
Signature		

Please send your registration form and payment to:

RLT Education Program, 301 Pogue Street, Raleigh, NC 27607