



Class Name: \_\_\_\_\_  
\_\_\_\_\_

Date/Time/Location: \_\_\_\_\_  
\_\_\_\_\_

***On reverse side of form, please list any conflicts with above schedule.  
Unless conflicts are noted, student will be expected to attend all classes/rehearsals.***

Fee (payable upon registration): \_\_\_\_\_

Name of Child(ren):	Age of Child(ren)	Tee Shirt Size
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Contact Information: ***please include phone and email!***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: home(    )                      cell(    )                      E-Mail: \_\_\_\_\_

Does any child listed above have any physical restrictions or medical conditions of which the instructor should be aware? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

***Please return completed form with payment (checks made out to FCTC) to:  
Full Circle Theater Company, Post Office Box 2127, Shepherdstown, WV 25443***