REGISTRATION FORM

Class Name: _____

Date/Time/Location: _____

Fee (payable upon registration): _____

Name of student:

_____

Address: _____

Phone: home ( ) cell ( ) _____

Email: _____

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