

# TIBBITS

## 2011 Theatre Workshop Registration Form

STUDENT'S NAME: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_ CELL#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE (Sept. 2011): \_\_\_\_\_ SHIRT SIZE: Child \_\_\_\_\_ Adult \_\_\_\_\_  
Sm \_\_\_\_\_ Med \_\_\_\_\_ Lg \_\_\_\_\_ XL \_\_\_\_\_

Grades 4, 5, 6	Grades 7, 8, 9
1 pm - 3 pm	3:30 pm - 5:30 pm

SCHOOL: \_\_\_\_\_

PREVIOUS STAGE EXPERIENCE: \_\_\_\_\_

### PERMISSION AND PUBLICITY USE

I hereby give \_\_\_\_\_ permission to participate in the Tibbits theatre workshop August 8 through 19 with Showcase Performance on August 19. I further grant Tibbits permission to use my child's image in publicity for this activity or for general marketing of the theatre and its programs.

PARENT/ GUARDIAN NAME(S): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL#: \_\_\_\_\_  
*If different than above* *If different than above*

How did you hear about the workshop? Circle all that apply. *Thank you!*

Friday Folder   Newspaper article   Teacher   Friend   Newspaper Ad  
Web Site   Email   Other: \_\_\_\_\_

Payment information: _____ Cash   _____ Check number   _____ Credit Card   _____ Member Total _____
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