

New Bern Civic Theatre
2010 Children's Theatre Summer Workshop
Registration Form

Please PRINT all information.

Full name: _____ Name wished to be called _____

Mailing address: _____ City _____ State _____ Zip Code _____

Phone: _____ (home) E-mail _____ T-shirt size: _____ Child _____ Adult

Age: _____ Date of birth ____ / ____ / ____ School: _____ Grade _____

Training and/or experience in theatre, art, music, dance, or other: _____

Mother (or guardian's) name _____

Phone: _____ (home) _____ (work) Fax: _____

E-mail: _____

Mailing address (if different from above) _____

City: _____ State: _____ Zip Code: _____

Father's name: _____

Phone: _____ (home) _____ (work) Fax: _____

E-mail: _____

Mailing address (if different from above) _____

City: _____ State: _____ Zip code: _____

A non-refundable \$50.00 deposit is required at the time of registration. The balance is due May 3, 2010.

Payment: cash _____ check _____ MasterCard/Visa _____ Exp. _____

Mail to:

Children's Workshop
New Bern Civic Theatre
P O Box 1531
New Bern, NC 28563

Phone: 252 634 9057/ Fax: 252 634 9058/ E-mail: nbct@newberncivictheatre.org