

**New Bern Civic Theatre**  
**2012 Youth 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 7, 2012*

Payment: cash \_\_\_\_\_ check \_\_\_\_\_ MasterCard/Visa \_\_\_\_\_ Exp. \_\_\_\_\_

**Mail to:**

Youth Workshop

P O Box 1531

New Bern, NC 28563

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