Debut Registration Form – Summer 2017

(Form must be filled out completely and returned with payment in order for student to be considered enrolled.)

Student Name:		
Preferred Name:		
Grade (Fall 17) : School:		
Age: DOB: (m/d/y)	Phone Number	er:
Address:	 	
City, State, Zip		Cell Phone:
Student e-mail:	Parent e-	mail:
Mother's Name		_
Occupation:	Work Phone:	
Father's Name		
Occupation:	_ Work Phone:	
Emergency Contact (REQUIRED. Oth	er than parents. T	hat can be reached during class time.)
Name:		Phone:
Physical or Mental Conditions (including	ng medications) we	e should be aware of:
Previous experience:		
How did you hear about Debut?		
I am interested in the following class(e		
Acting Up 1 (Grades 1-3 - \$175)The Plays the Thing 1 (Grades 3-5Actors Play-Pen (Grades 6-8 - \$200)Summer Improv (11-15 yrs - \$95)Play	- \$175) 	Acting Up 2 (Grades 1-3 - \$175)The Plays the Thing 2 (Grades 3-5 - \$175)Monologue Workshop (10-17yrs - \$60)Makeup Mania (11-15 yrs- \$95) (13-17yrs - \$95)
treatment for (above listed child) in ca	se of an emergend	company staff permission to seek medical by in which I cannot be reached. I agree to Empany for injuries that were not the result of
Parent/Guardian Signature:		Date:

A class may be cancelled and all tuition returned if it does not meet a minimum number of participants.

Return with payment to:
Debut Theatre Company, 827 Riverside Avenue, Fort Collins, CO 80524
NO PHONE RESERVATIONS WILL BE ACCEPTED