

Fall 2017 Registration

(Please - ONE registration form per student)

Student Name(s): _____ Preferred Name: _____

Male/Female: _____ Age: _____ Date of Birth: (m/d/y) _____

Grade: _____ School: _____

Home Phone #: _____

Address: _____

Family E-mail : _____

Parent Name: _____

Cell Phone: _____

Occupation: _____

Work Phone: _____

Parent Name: _____

Cell Phone: _____

Occupation: _____

Work Phone: _____

Emergency Contact (**Other than parents—REQUIRED**)

Name: _____

Phone #: _____

Physical or Mental Conditions we should be aware of:

Previous experience: _____

How did you hear about Debut? _____

I am interested in the following class(es):

_____ Little Theatre

_____ Stage Two

_____ First Stage (Mon)

_____ Center Stage

_____ First Stage² (Tue)

_____ World Stage

_____ Pre-Ten-Ders

_____ Act Teen

_____ Full Tuition Enclosed (\$240, except Little Theatre—\$225)

_____ I wish to make a donation with my tuition

Please return this registration and a check to:

Debut Theatre
827 Riverside Ave.
Fort Collins, CO 80524