

# **Fall 2019 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 (Wed)      \_\_\_\_\_ Center Stage

\_\_\_\_\_ First Stage<sup>2</sup> (Mon)      \_\_\_\_\_ World Stage

\_\_\_\_\_ Pre-Ten-Ders      \_\_\_\_\_ Act Teen

\_\_\_\_\_ Full Tuition Enclosed (\$250, except Little Theatre—\$235)

\_\_\_\_\_ 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**