



YOUNG ACTORS THEATRE

FALL SESSION 2010-11

September 11 - January 23rd

Student _____ Age _____

Grade at start of session _____ School _____

Guardian(s) _____ Occupation(s) _____

Guardian primary email _____

Guardian secondary email _____

Student email (if applicable) _____ Student personal cell _____

Primary contact number _____ Secondary contact number _____

Can you receive text messaging on your phone? _____

Home Address _____ City _____ Zip _____

How did you hear about YAT? (new students only) _____

Emergency Contact Name/Number _____ Relationship _____

T-shirt Size (CS,CM,CL,AS,AM,AL,AXL,AXXL) _____

Kidz class only (grades 3-7) Class Preference: AM 9:00 - Noon _____ PM 12:30 - 3:30 _____ NONE _____

YAT office use only			
<input type="checkbox"/> Teenz	<input type="checkbox"/> Kidz	<input type="checkbox"/> Youngsterz	_____ received _____ date

POLICIES:

Full payment minus a \$15 registration fee is refundable after the first class.

Half payment is refundable after the second class.

Payment is non refundable after the third class.