

Triboro Youth Theatre

REGISTRATION FORM

PERFORMER/PARTICIPANT INFORMATION

Name _____ Grade _____ Age _____

Street Address _____ City/State/ZIP _____

Home Telephone _____ Parent Cell Phone _____

Student Cell Phone _____ School attending _____

Mother/Guardian Name(s) _____ Place of Employment _____

Father/Guardian Name(s) _____ Place of Employment _____

EMAIL ADDRESSES

Parent/Guardian _____

Performer _____

EMERGENCY CONTACT INFORMATION – Someone other than already listed.

Contact Name _____ Telephone number _____

Relationship to Performer _____

Show, Class or Program enrolling in _____

Medical information we should know about? (Disabilities, Asthma, Allergies, ADD etc. This information will be kept confidential)

Past Experience (theater, dance, music, etc.) _____

of shows with TYT _____

For Office Use Only

Fee paid in full _____ Check # _____ Cash _____ Fee not paid _____

Scholarship/Payment Plan requested _____ Paperwork Submitted _____ Approved _____