



Registration Form – 2020/21

STUDENT INFORMATION:

Please list names of all students registering:

Name: _____ Male _____ Female _____

Date of Birth: _____ Age: _____ Grade: _____

Name: _____ Male _____ Female _____

Date of Birth: _____ Age: _____ Grade: _____

Name: _____ Male _____ Female _____

Date of Birth: _____ Age: _____ Grade: _____

Allergies/Medical Conditions/Special Needs: Yes _____ No _____

Please provide details:

PARENT INFORMATION:

Parents/Guardians: _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell phone: _____

Parent Email: _____

Student Email: (if you would like them to receive emails from us directly)

Emergency Contact: _____ Phone Number: _____

Relationship to the child: _____

SCHOOL INFORMATION:

Name of School: _____

City: _____

I will be using P.O. Funds to cover theatre costs: Yes _____ No _____

FEES:

Registration Fee	\$ 50.00 (non-refundable but \$25 of this fee will go towards the costume fee)
Costume Fee	\$ 125.00
Program Fee	\$1,000.00

Your registration fee must accompany your registration form to secure your spot for the coming year. Please e-transfer the \$50 to:

lighthouseatreinc@gmail.com