

# Registration Form

\*\*I would like my Summer Camp Info Packet \_\_\_\_\_ mailed \_\_\_\_\_ emailed to me.\*\*

## STUDENT INFORMATION *Please complete one (1) form per student.*

Student's Name \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender ☐ M ☐ F 2015-2016 Grade \_\_\_\_\_

School \_\_\_\_\_

Allergies or other medical issues \_\_\_\_\_

Learning differences or physical disabilities \_\_\_\_\_

Please check box(es) for racial or ethnic identity(ies) of student:

☐ Asian ☐ Black ☐ Hispanic ☐ Mixed Race ☐ White ☐ Other

How did you discover the RLT Youth Education Program? \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell# \_\_\_\_\_ E-mail \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell# \_\_\_\_\_ E-mail \_\_\_\_\_

Add E-mail address(es) to the RLT Fanfare Email List to receive surveys and advance information about upcoming performances, events and classes.

☐ Parent 1 Email ☐ Parent 2 Email

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Persons authorized to pick up student \_\_\_\_\_

**Publicity Approval** (The undersigned gives Raleigh Little Theatre permission to use his/her child's name and/or photograph for public relations and marketing purposes.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUMMER CAMPS** (For Teens On Stage and Teens Backstage, please do not complete this form until student has auditioned or interviewed and is accepted into the program.)

CAMP NAME	DATES	DEPOSIT
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____

**EARLY DROP-OFF and LATE PICK-UP** (Doors open at 8am and close at 5:15pm.)

### One-Week Camps

☐ Early Arrival – \$30 ☐ Late Departure – \$30 ☐ Combination – \$45 \$ \_\_\_\_\_

RLT t-shirt: Size \_\_\_\_\_ #Shirts \_\_\_\_\_ x \$10 each = \$ \_\_\_\_\_

Donation to RLT Education Program Scholarship Fund \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

### PAYMENT INFORMATION

☐ Enclosed is a check payable to: Raleigh Little Theatre

Please charge my credit card: ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Name as it appears on card \_\_\_\_\_

Account # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_ Security Code \_\_\_\_\_ Credit Card Zip Code \_\_\_\_\_

Send form and payment to RLT Education Program.

Mail: 301 Pogue Street, Raleigh, NC 27607

Fax: (919) 821-7961; Email: Kathleen@raleighlittletheatre.org