

Spiritual Twist Productions Christian Youth Theatre

P.O. Box 598, Angier, NC. 27501

FALL REGISTRATION, 2013

NAME _____

AGE _____

DOB _____

ADDRESS _____

PARENT'S NAMES _____

PHONE _____

EMAIL _____

CELL PHONE(S) _____

CHURCH (If attending) _____

REGISTERING FOR: (Please choose first and second choice)

_____ Monday 4-7 (Monday 3:30 – 4:30)

_____ Monday 8-12 (Monday 4:30 – 6:00)

_____ Monday 13+ (Monday 6:00 – 7:30)

_____ Tuesday Cary Class (Tuesday 3:30 – 5:00)

_____ Tuesday 13+ (Tuesday 6:00 – 7:30)

_____ Wednesday Homeschool 8 and Up (Wednesday 1:30 – 3:00)

PARENT

SIGNATURE _____

REGISTRATION (Non-refundable)

(\$75.00) PAID _____

CK _____

CA _____