

Registration Form Fall Theater Classes 2009

Student Information

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Date of Birth _____

Allergies or other medical issues _____

Classes

Class Name	Day	Tuition
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____
4 _____	_____	\$ _____

Make check payable and mail to:

The Port Townsend Children's Theater (PTCT)
1540 22nd St.
Port Townsend, WA, 98368