

## **Clarkstown Theatre Company**

Acting Workshops & Classes

## Registration Form

Please fill out the following information to register for the upcoming classes and return to: 8 Second Street, New City, NY 10956

| Student's Name                                                                                                                                                                                                       | Age _                                                                 | Grade                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|
| Parent's Name                                                                                                                                                                                                        |                                                                       |                                        |
| Address                                                                                                                                                                                                              |                                                                       |                                        |
| City, State & Zip                                                                                                                                                                                                    |                                                                       |                                        |
| Email Contact                                                                                                                                                                                                        |                                                                       |                                        |
| Home Phone                                                                                                                                                                                                           | Work Phone                                                            |                                        |
| Cell Phone (parent)                                                                                                                                                                                                  |                                                                       |                                        |
| Emergency Contact Name                                                                                                                                                                                               | Phone                                                                 |                                        |
| Relationship to the student                                                                                                                                                                                          |                                                                       |                                        |
| List any and all allergies                                                                                                                                                                                           |                                                                       |                                        |
| Session & Dates                                                                                                                                                                                                      | Fee                                                                   |                                        |
| We created the Clarkstown Theatre Company to p<br>and exploring artists in our community. Our classe<br>children of all ages to find their true and hidden tal-<br>tolerance. You are registered when you receive Er | s/workshops/sessions provide a ents. <b>ALL</b> are expected to act w | springboard for rith consideration and |
| COVID-19 RESTRICTIONS: No child should atter<br>Clarkstown Theatre Company, nor employees,<br>while at our studio. Masks required inside the<br>There are no exceptions, <u>no refunds.</u> CTC virtu                | liable for injuries sustained of studio, or if Social Distancing      | r illness contracted cannot be upheld. |
| Please contact the director personally with any que                                                                                                                                                                  | estions or problems. If agreed, p                                     | lease sign below:                      |
| Signature                                                                                                                                                                                                            |                                                                       |                                        |