

## **Registration Form** please print clearly

PRINT, COMPLETE, AND MAIL TO: Salina Community Theatre | P.O. Box 2305 | Salina, KS 67402-2305

Arts		DATE		
NAME	AGE	AGE (IF UNDER 18)		
PARENT/GUARDIA	AN (IF UNDER 18)			
ADDRESS				
PHONE NUMBERS	G CELL	CONTACT NAME		
	HOME	CONTACT NAME		
EMAIL ADDRESS		DATE OF BIF	RTH	
Please enroll	me in the following classes:			
CLASS NAME	AGE/GRADE I	LEVEL	MONTHLY TUITION	
		TOTAL MONTH	HLY DUE \$	
you understand, of policies is ava	egistration form, you are stating that you agree and completely support all poli ilable online at <u>www.SalinaTheatre.co</u>	cies and rules of Center for T <u>m</u> .	Theatre Arts. A full listing	
PAYMENT				
	is a check or money order pa arge my credit card.	yable to Salina Comm	nunity Theatre.	
CARD NO		EXP. DATE		
NAME ON CARD .				
SIGNATURE				

Automatic payment is available. To set up an ACT transfer, please contact Daysha Sutton in the theatre office at 785.827.6126.