

# REGISTRATION

**BY MAIL:** Complete the registration form and mail with payment to  
Salina Community Theatre  
P.O. Box 2305  
Salina, KS 67402-2305  
Attn: Center for Theatre Arts

**BY PHONE:** Call the Education Department at (785) 827-6126

**IN PERSON:** Drop off your registration form with payment at  
Salina Community Theatre  
Business Office  
(Hours: Monday - Friday  
11:30am to 5:30pm)



## REGISTRATION FORM

Please Print Clearly

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers Cell: \_\_\_\_\_ Contact: \_\_\_\_\_

Home: \_\_\_\_\_ Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please enroll me in the following classes:

T-Shirt Size: \_\_\_\_\_

Class Name \_\_\_\_\_ Monthly Tuition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PAYMENT

Monthly Tuition Total: \$ \_\_\_\_\_

Enclosed is a check or money order payable to Salina Community Theatre

Please charge my: AmEx Visa Discover Mastercard

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

For office use only:

Payment Rec: \_\_\_\_\_ Check No: \_\_\_\_\_

CC Run Date: \_\_\_\_\_ Sch: \_\_\_\_\_