

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

EMAIL: megan@salinatheatre.com

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: _____ DOB: _____ Grade: _____

Parent/Guardian (if under 18): _____

Address: _____

Phone Numbers Cell: _____ Contact: _____

Home: _____ Contact: _____

E-mail: _____ T-Shirt Size: _____

Please enroll me in the following classes:

Class Name	Monthly Tuition
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PAYMENT

Monthly Tuition Total: \$ _____

Card No: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Charge my card monthly

Charge costume fee on November 8th

Bank (ACH) - Please send voided check