

STAGE DOOR THEATRE WORKSHOP

Fall Winter Summer Year _____

Name of Student: _____
Last First Middle

Address: _____
Street Number & Name City Zip

Birth Date: _____ Age: _____ Telephone Number: () _____

Father's Name: _____ Mother's Name: _____

Workplace: _____ Workplace: _____

Work Phone #: _____ Work Phone #: _____

Cel Phone #: _____ Cel Phone#: _____

e-mail: _____

Student lives with: Father ; Mother ; Both

Grade in School: _____ School: _____

New Student Returning Student

Does Student have any health problems? Yes No

If yes, please explain: _____
(This information is extremely important. For example: diabetes, asthma, special medications, conditions, behavioral medication, etc.)

Please list any previous experience/training: _____

How did you hear about Stage Door? _____

Any other miscellaneous information: _____

In case of emergency: _____

*T-Shirt Size **(please select)**

Y/S (6-8) Y/M (10-12) Y/L (14-16) Y/XL A/S A/M A/L A/XL

After completing the enrollment form, you can either print it and mail to the address below or fax it to the number

You can also save it and then attach to an e-mail sent to the address shown

P.O.Box 125, Tustin, Ca. 92780; (714) 544-5799; Fax 544-7582

web site - <http://stagedoortw.com> e-mail info@stagedoortw.com