

MUSICAL THEATER WORKSHOP REGISTRATION FORM:

Name: _____ Phone Number: _____

Address: _____

Age: ____ Grade: ____ T-shirt size: ____ Youth or Adult (Please Circle)

Name of Parent/Guardian: _____

Emergency Number: _____

Email Address: _____

My student and I understand the importance of attending ALL rehearsals due to the short time available to learn this musical. **We will do all we can to make sure my student is there everyday on a timely basis unless we have cleared it with the director prior to any known absences.** I also understand the importance of the performances on July 8th and will attend and perform in both worship services at Elk Grove.

Medical & Photography Consent form: _____

has my permission to attend the Musical Theater Workshop at the Elk Grove United Methodist Church on June 24th – July 5th with performances on July 7th. He/She has the following medical problems or allergies:

_____. Please seek any medical assistance needed while he/she is in attendance at the workshop. I also give my permission for photos to be taken during the musical rehearsals and performances.

Signature

Date

To make this Musical work takes the help of many people. If you can help out in any way please contact Mary Popish, Pastor M@ or Debbie Stork-Knock.

Help is needed in the following areas: Snack Coordinator, Costumes, Sets, Transportation, Registration, Rehearsals, and Coffee Fellowship on Sunday July 7th.