

KidStage Registration form

Name _____

Age _____ Grade (2009-10 school year) _____

Parent/Guardian _____

Address _____

Phone Numbers _____

If parent/guardian cannot be reached, in case of emergency call

_____ Phone _____

Previous theatrical training or experience:

Special talents or skills:

Please check one of the following statements:

_____ Center on the Square has my permission to use my child's photo (photo only, no name or other identification) for newspaper and Internet press release purposes.

_____ Center on the Square does not have my permission to use my child's photo (photo only, no name or other identification) for newspaper and Internet press release purposes.

Size for free t-shirt: Youth SM _____ MED _____ LG _____

Adult SM _____ MED _____ LG _____

Parent/Guardian Signature _____

Mail form and check for \$50 per child to:

Center on the Square
111 W Arch Ave
Searcy, AR 72143

For Office Use:

Payment Information _____