

**SPRING THEATER GAMES CLASS  
REGISTRATION FORM**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent (or Guardian) E-mail Address: \_\_\_\_\_

List any additional email addresses where you want to receive updates about the class:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Parent (or Guardian) Phone No. (     ) \_\_\_\_\_

Additional Parent (or Guardian) Phone No. (     ) \_\_\_\_\_

Please list any additional information we should know about your child (allergies, etc.)

\_\_\_\_\_

*Please return this form with a check for \$60 made out to Chelsea Area Players to:*

*Chelsea Area Players*

*PO Box 301*

*Chelsea, MI 48118*