

Emotion through Acting and Singing!
Workshop Registration Form

Participant Name: _____

Participant's Age: _____ Grade (2019-20): _____ School attending: _____

Participant Email: _____

Participant Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

Does the participant have prior theatre experience? ____ Yes ____ No

If yes, briefly describe it:

What does the participant hope to learn from this workshop experience?

Any Participant Food Allergies or Other Pertinent Info (please explain)

