

REGISTRATION FORM

Student Name _____

Address _____

City/State/Zip _____

Home Phone _____

Other Phone (Work, Cell) _____

E-mail _____

For Youth Only:

Parent/Guardian Name

Age

Current Grade

CLASS/CAMP

SESSION

AMOUNT

TOTAL: _____

50% of the tuition for each class or camp is due as a non-refundable deposit at the time of registration with the balance due on the first day of class.

Method of Payment

- Check Credit Card (Visa, MC, AmEx, Discover)

Card # _____

Expiration _____

Signature _____

Please return completed forms to:



ASHEVILLE COMMUNITY
T H E A T R E

Education Department
Asheville Community Theatre
35 East Walnut Street
Asheville, NC 28801

Or fax to: 828-252-4723