



2010 Registration Form

Student Name: _____

Male Female Age: _____ Date of Birth: _____

Grade: _____ School: _____

Parent/Guardian: _____

Phone Numbers: Home: _____

Cell: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Email list? Yes No

If there is an emergency and we cannot contact you, who would you like us to contact?

Name: _____ Phone: _____

T-shirt size (circle one): YS YM YL AS AM AL AXL

I give permission for my child to be photographed during the session for publication:

Yes No Signature: _____

Academy/Workshop Name: _____

Academy/Workshop Cost: _____ (Make checks payable to ArtsView Children's Theatre)

Check Number: _____ Check Amount: \$ _____

Credit Cards Accepted: MasterCard VISA Discover

Card #: _____ Exp.Date: _____ V-Code: _____

Signature: _____

**Tuition fees are non-refundable unless class is canceled by ACT.
Applications will be accepted in the order in which they are received.**

**Mail registration form and tuition fees to:
ArtsView Children's Theatre
313 West Tyler
Longview, TX 75601**

For Fee/Tuition Assistance, please fill out the Fee/Tuition Assistance form.

FOR OFFICE USE ONLY:

Payment Accepted By: _____ Date: _____

Budget Code: _____

Hold until _____ for receipt of payment. Initials: _____