

REGISTRATION FORM MADILL Performing Arts Center

How did you hear about us?
Newspaper Radio Bring a Friend day Phonebook Friend Website Other _____

Student Family (Last) Name: _____ Registration Date: _____ / _____ / _____

Contact#1: First: _____ Last: _____ Type: Mom Dad Other

Home Phone	Cell	Work
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(Required)Email: _____ emails are kept confidential

Contact#2: First: _____ Last: _____ Type: Mom Dad Other

Home Phone	Cell	Work
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(Required)Email: _____ emails are kept confidential

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact info: _____

Health Insurance Carrier: _____

Student #1 info

First:	Last:	E-mail:
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Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthdate: ____ / ____ / ____	Type: Music <input type="checkbox"/> Dance <input type="checkbox"/> Theater <input type="checkbox"/>
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Class #1 _____

Class #2	Class #3	Class #4
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Student #2 info

First:	Last:	E-mail:
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Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthdate: ____ / ____ / ____	Type: Music <input type="checkbox"/> Dance <input type="checkbox"/> Theater <input type="checkbox"/>
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Class #1 _____

Class #2	Class #3	Class #4
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For more than two students in a family use another sheet registration form