

## Chalkboard Spamalot Registration

6-8 years     9-11 years     12-18 years

Spamalot, September 2019 - May 2020

Students Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Medical Information: \_\_\_\_\_

\_\_\_\_\_  
Doctor Name: \_\_\_\_\_

Doctors Phone#: \_\_\_\_\_

Child's past training: \_\_\_\_\_

\_\_\_\_\_

I have enclosed a \$50 non-refundable deposit for boot camp and agree to the terms and conditions on the Chalkboard Theatre website.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date