

Theatre Cedar Rapids Registration Form



- Please fill out this form and mail to TCR at 800 2nd Ave SE, Cedar Rapids, IA 52403 (check one below)
 - Payment enclosed? or
 - Scholarship application enclosed? or
 - Already paid? Date: _____
- If registering less than one week before start date, please bring this form to the temporary TCR offices at 800 Second Ave, SE, Cedar Rapids.

Class Information (select appropriate class(es))

- | | |
|--|---|
| <input type="checkbox"/> Main Stage (1-2 grades) Jan 23 (9 am) | <input type="checkbox"/> Backstage Pass (K) Mar 27 (9 am) |
| <input type="checkbox"/> Put on a Play (4-5 grades) Jan 23 (9 am) | <input type="checkbox"/> Put on a Play (4-5 grades) Mar 27 (10 am) |
| <input type="checkbox"/> Curtain Call (3-5 grades) Jan 23 (11 am) | <input type="checkbox"/> Act Up (1-2 grades) Mar 27 (10:30 am) |
| <input type="checkbox"/> In The Spotlight (K) Jan 23 (1 pm) | <input type="checkbox"/> Take the Stage (3-5 grades) Mar 27 (12:30 pm) |

How did you hear about the class: _____

Student Information

Student name: _____

Nickname (if any preferred): _____ Home phone: _____

Address: _____

School: _____ Birthdate: _____ Grade: _____

Parent Information (if student is 18 or over, parent name not required)

Parent name: _____

Home phone: _____ Cell phone: _____

Email: _____

Address: _____

Emergency Information

Best phone # to reach a parent in an emergency: _____

Additional emergency contact name: _____ Phone: _____

List any medical conditions the student has: _____

List any allergies the student has: _____