

Theatre Cedar Rapids Registration Form



Please fill out this form and mail to TCR at 102 3rd Street SE, Cedar Rapids, IA 52401 (*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 TCR box office at 102 3rd Street SE, Cedar Rapids.

Summer Camp Information (select appropriate class(es))

- Session 1** (3-5 grades) **Session 6** (1-2 grades) **Session 11** (1-2 grades)
- Session 2** (Kindergarten) **Session 7** (3-5 grades) **Acting/Auditions** (6-12 grades)
- Session 3** (1-2 grades) **Session 8** (3-5 grades) **Backstage** (Ages 14 and up)
- Session 4** (Kindergarten) **Session 9** (3-5 grades) **Shakespeare** (9-12 grades)
- Session 5** (6-8 grades) **Session 10** (3-5 grades) **Playwriting** (6-12 grades)

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: _____
