Aiken Community Theatre
YOUTH WING

ACT Youth Wing Registration Form

Name _____

Address _____

Age _____ Grade_____ School_____

Phone (cell) _____Other #_____

Email _____
Please print legibly and write it TWICE, using the additional line below

_____

Is this your first meeting with the Youth Wing? Yes _____ No _____

Parents/Guardians: _____

Relationship: _____

Phones:_____

Email_____

Emergency Contacts (names and phone numbers)_____

_____

_____

*Parent/Guardian Signature*_____ *Date:*_____