"SLT Summer Youth Project 2019"
at Smithfield Little Theatre

Registration Information

Name _____

Address _____
House/apt. number and Street or P.O. box city zip code

Age _____ **Height**:_____

Telephone Numbers: ***home*** _____***work*** _____ ***cell***_____
Child's cell phone number_____
Parents Email:_____
***Child's email*:**_____

(Any other sibling involved in the program:_____)

Vocal range (if known): bass alto tenor 2nd soprano 1st soprano

Children's clothing size: small (6-8) medium (10-12) large (14-16) x-large (18-20)

Child's shoe size _____

Women's clothing sizes: dress_____ pants_____ shirt_____ shoe size _____

Men's clothing sizes: pants_____ shirt_____ shoe size _____

PREVIOUS THEATRE EXPERIENCE *(both onstage and backstage-use back of sheet if you need more space)*

_____

_____

_____

_____

_____

_____

Would parent help with backstage or production work? _____

Do you have ANY known conflicts with show or rehearsal schedule? If so, what?

_____

_____

_____

_____

FOR STAFF USE :

Paid $150 _____ ***(date recorded)***

(Multiple Siblings in program Paid $100 EACH) _____ ***(date recorded)***