

HALE CENTER THEATER OREM SUMMER 2011 YOUTH ACTING  
REGISTRATION INFORMATION

Student's Name \_\_\_\_\_

Age (this summer) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Session Dates Registered For:

BEGINNING

\_\_\_\_\_ Session 1: June 27-July 8 (9:30-10:30 am)

\_\_\_\_\_ Session 2: July 11-July 22 (9:30-10:30 am)

INTERMEDIATE

\_\_\_\_\_ Session 1: June 27-July 8 (10:30-12:00 am)

\_\_\_\_\_ Session 2: July 11-July 22 (10:30-12:00 am)

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_  
(if other than mother or father)

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

First time student? Y N

Taken class from Hale before? Y N When? \_\_\_\_\_

List any experience the student has had:

How did you hear about these classes? \_\_\_\_\_

We, the undersigned parents/guardians of \_\_\_\_\_, hereby apply to enroll this student in Hale Center Theater Orem's summer classes 2011. In so doing, we acknowledge that we have read and agree to the summer class guidelines.

\_\_\_\_\_  
PARENT'S/GUARDIAN'S NAME

\_\_\_\_\_  
SIGNATURE

Please return this form on the first day of class to Ryan Radebaugh at Hale Center Theater Orem or to the main office of the theater at 225 West 400 North, Orem, UT. (801) 226-8600.