



2010/2011 SESSIONS APPLICATION FORM

Class Selection: _____

Student Name: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Mother's Daytime Phone: _____

Father's Daytime Phone: _____

Student's Date of Birth: _____

Family Doctor Name & Phone: _____

Important Medical Information: _____

Parent Name (Please Print): _____

Today's Date: _____

Parent Signature: _____

I give my child permission to participate in all activities of the CTP program.

Please include deposit or full payment by cheque payable to **The Children's Theatre Project**. Applications can't be processed without the completed form accompanied by payment.

Mail to:

The Children's Theatre Project,
9737 Yonge St., Unit 102,
Richmond Hill, ON L4C 1V7

Questions?

Call: 905-883-5853
Email: contact@ChildrensTheatreProject.com
Web: www.ChildrensTheatreProject.com