

Bluffton Youth Theatre Registration Form

info@blufftonyouththeatre.org

Show Name, Season, and Year: _____

PLEASE PRINT CLEARLY. All checks must be made out to Bluffton Youth Theatre and be brought to the audition.

Family's Last Name: _____

Address: _____

Main Email for Contact: _____

Main Phone Number for Contact: (____) _____ - _____

Is it okay to text the above phone number? Yes _____ No _____

If not, please indicate if there is a main cell number that can be used to send a text message.

Child's First Name (and last name if different than last name listed above)	Age & Grade	DOB	Height (in feet)	Shoe Size	T-Shirt Size	<i>If a camper has a special need, please list here. The Director will contact you to discuss. This information is extremely important to help us give the best training to each camper.</i>

Mother (Guardian 1) Info	
Name	
Address	
Cell Number	
Texting Available?	

Father (Guardian 2) Info	
Name	
Address	
Cell Number	
Texting Available?	

Emergency Contact	
<i>This will be used in case of an emergency when neither guardian can be reached</i>	
Name	
Address	
Cell Number	
Texting Available?	