

CTA Workshop Registration Form

Name of Workshop(s): _____

Dates of Workshop(s): _____

Student's Name: _____ Male Female

Parent's Name: _____

Parent's Email: _____

Street Address: _____

City & State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Student's date of birth: _____

Allergies/Special needs: _____

Emergency Contact Name and Phone _____

Comments: _____

Are you a current CTA member?* Yes _____ No _____

**All participants must be current members of CTA. \$10 individual or \$20 family membership fees are paid annually and are valid from July 1 through June 30. If unsure of your membership status, please inquire at info@childrenstheatreofannapolis.org.*

Workshop Tuition(s) \$ _____

Membership Dues \$ _____

Total \$ _____

Check #: _____

Please make checks payable to CTA and mail with completed form to:
Children's Theatre of Annapolis
P.O. Box 1785
Annapolis, MD 21404

You may also email this form to workshops@childrenstheatreofannapolis.org and mail your payment separately. Receipt of payment completes your enrollment and insures placement in chosen workshop, providing class is not full. All payments must be received no later than 2 weeks prior to the workshop start date and have the participant's name and workshop name notated on the check. Due to the popularity of our workshops, failure to send payment in on time may result in your removal from workshop.

Further questions? Please email info@childrenstheatreofannapolis.org or call 410-757-2281.