

## SLT AUDITION WORKSHOP REGISTRATION FORM

(Please complete this form and return to Springfield Little Theatre, 311 East Walnut, Springfield, MO 65806, Attn. Lorianne)

Students Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_  
Parent/Guardian Names \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Date(s) of Audition Workshop in which you wish to enroll: \_\_\_\_\_  
Checks should be made payable to Springfield Little Theatre. I am mailing check # \_\_\_\_\_ for \$ \_\_\_\_\_  
OR Please charge to my Visa Mastercard Discover Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name on card \_\_\_\_\_ Signature \_\_\_\_\_

**\*\*\*Advance Registration is Required. No Refunds or Tuition Transfers.\*\*\***