



Musical Theatre Enrollment Form

PLEASE SEND COMPLETED ENROLLMENT FORM ALONG WITH REGISTRATION FEE TO:

THEATRESCOOL
403 N. MAIN STREET
BLOOMINGTON, IL 61701

STUDENT INFORMATION:

STUDENT NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

EMAIL: _____

PARENT/GUARDIAN INFORMATION: (If under 18)

PARENT/GUARDIAN NAME: _____

PHONE NUMBER: _____ RELATION: _____

EMAIL: _____

____ RETURNING STUDENT ____ NEW STUDENT

HOW DID YOU HEAR ABOUT US?

____ NEWSPAPER ____ FLYER ____ FRIEND/FAMILY ____ INTERNET ____ OTHER

GUARDIAN SIGNATURE: _____ DATE: _____