



July 27 – Aug. 7  
9:00 -4:00  
Monday –Friday  
Performances  
Aug. 7 and 8, 2009

Ages 8-12  
\$250

# DramaticATS

(Comedy and Tragedy Stars)  
Registration Form

## PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in School \_\_\_\_\_ Name of School \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name (s): \_\_\_\_\_

Telephone: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

Participant E-mail \_\_\_\_\_ Parent E-mail \_\_\_\_\_

Name (s) of adults who may pick up participant from DramaticATS : \_\_\_\_\_

Name and phone number of person (s) (other than parent) to contact in event of emergency:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

## PAYMENT INFORMATION

Check method of payment: Cash  Check  Check # \_\_\_\_\_ Credit Card

Please Circle : MasterCard VISA Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

PLEASE DESCRIBE ANY SPECIAL NEEDS  
YOUR CHILD MAY HAVE:

PLEASE CHECK ONE:

\_\_\_The BPP has my permission to take photographs of me (or my child if he or she is the student) and may use these pictures solely for promotional uses, such as brochures and on the BPP website.

\_\_\_I do not want the BPP to take photographs of me (or my child if he or she is the student).