

# 2010 REGISTRATION FORM

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Other Phone (Work, Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

*For Youth Only:*

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Current Grade

**CLASS/CAMP**

**SESSION**

**AMOUNT**


**TOTAL:** \_\_\_\_\_

Method of Payment

Check

Credit Card (Visa, MC, AmEx, Discover)

Card # \_\_\_\_\_

Expiration \_\_\_\_\_

Signature \_\_\_\_\_

**Please return completed forms to:**



Education Department  
Asheville Community Theatre  
35 East Walnut Street  
Asheville, NC 28801

Or fax to: 828-252-4723