Surflight Theatre 2024 TEEN Musical Theatre Program Registration Form

Name of		
Student:		
Age:		
Name of Parent or		
Guardian:		
Permanent		
Address:		
Summer Address:		_
Phone Number:		
Email Address:		
Emergency Contact Name & Phone Number:		
Any allergies/medical conditions we sh	ould know about	_
· ·	. Payment in full is due with your application. Please note the n may be paid by check, cash or credit card. Please indicate	re
CHECK ENCLOSED: CHECK #	AMOUNT ENCLOSED	_
CASH ENCLOSED: AMOUNT ENCLOSED		
CREDIT CARD INFORMATION:		
Card #	Exp. Date	_
Security Code		
Classes are from 8:00am to 10:00am e	ach day, July 1-13 (DAY OFF IS THURSDAY, July 4th). Students	

Classes are from 8:00am to 10:00am each day, July 1-13 (DAY OFF IS THURSDAY, July 4th). Students should come prepared to move/dance and have a small notebook and pencil. We are so happy you will be joining us this summer!

Please return form and fee to: Surflight Theatre, P.O. Box 1155, Beach Haven, NJ 08008

Questions? Please contact Paula Sloan, Director of Education at: paula@surflight.org