



*Spiritual Twist Productions*  
**CHRISTIAN YOUTH THEATRE**  
Fall Registration, 2012



NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PARENT'S NAMES \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

CELL PHONE(S) \_\_\_\_\_

CHURCH (If attending) \_\_\_\_\_

**REGISTERING FOR: (Please choose first and second choice)**

\_\_\_\_\_ Monday 8-12 (Monday 4:30 – 6:00)

\_\_\_\_\_ Monday 13+ (Monday 6:00 – 7:30)

\_\_\_\_\_ Tuesday 13+ (Tuesday 6:00 – 7:30)

\_\_\_\_\_ Wednesday Homeschool 8 and Up (Wednesday 1:30 – 3:00)

PARENT SIGNATURE \_\_\_\_\_

**Non-refundable**

REGISTRATION (\$60.00) PAID \_\_\_\_\_ CK \_\_\_\_\_ CA \_\_\_\_\_