



Spiritual Twist Productions
Christian Youth Theatre
Fall Registration, 2010

NAME _____ AGE _____ DOB _____

ADDRESS _____

PARENT'S NAMES _____

PHONE _____ EMAIL _____

CELL PHONE(S) _____

CHURCH (If attending) _____

REGISTERING FOR: (Pick first and second choice)

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

FULL 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 _____