

# STUDENT REGISTRATION FORM

*Please indicate the sessions preferred*

Saturday Morning Classes

Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_

Summer Camp

1st Week \_\_\_\_\_ 2nd Week \_\_\_\_\_ 3rd Week \_\_\_\_\_

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

Age \_\_\_\_\_

Parent name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_

\_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Check

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

Expiration Date \_\_\_\_\_

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

Payment must be made at least one week  
before class begins.

**The Toledo Repertoire Theatre**  
**16 Tenth St., Toledo, OH 43604**

**[www.toledorep.org](http://www.toledorep.org)**

**Phone: 419-243-9277**

**Fax: 419-725-1930**