



**Registration Form
Fall 2011**

Student Name _____ Birthdate _____ Grade _____

Parent/Guardian Name _____

Address _____

City _____ ST _____ ZIP _____

Phone 1 _____ Phone 2 _____

E-mail _____

My child would like to take part in:

- Auditioning for Youth, 10 am-12 pm.....\$ 15
- Auditioning for Adults and High Schoolers, 1-3 pm.....\$ 15
- Class: *Imagination* (grades 3-5).....\$100
- Class: *Action* (grades 6-8)\$125
- Class: *Connection* (high school).....\$150
- Donation Toward Scholarships.....\$ _____
- Total**\$ _____

Payment Method

- MasterCard Visa Discover Cash Check

Card # _____ Exp. Date _____ 3-digit code _____

Signature _____

Make checks payable to "LCT" and return to P.O. Box 1852, La Crosse, WI 54602-1852.

PHOTO RELEASE: By submitting this registration form with payment, you give LCT or the Pump House permission to photograph your child and use those photographs for marketing materials and promotions.