

TEXAS THESPIANS

Registration Form

Student's Name: _____ Grade: _____

Address: _____ ZIP _____

City: _____ TX (hm) Phone: _____

Emai: _____ (cell) _____

Parent/Guardian Name: _____

Email: _____ (cell) _____

_____ I am registering my child for the Thespian convention, I understand that the cost is subject to change based upon number of students attending. I am including a \$100.00 non-refundable deposit to hold my child's spot on the trip.

Please Return Form and Money by
Friday, Sept 3, 2010
Availability is on a first come basis.

A official registration form and medical release will be sent home with you child once they are available by the convention.