



Theater Arts REGISTRATION FORM

Student's Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____

Age: _____ Sex: _____ Grade Completed: _____

Theater Experience _____

Vocal Range

Women:

Head/Legit Range: _____

Chest/Belt Range: _____

Mix (if applies): _____

Men:

Full Voice: _____

Falsetto: _____

Please complete and mail to **Company Dance, PO Box 4319, Harrisburg, PA 17111**, with your \$30 registration fee. Balance due first day of class. Plan to arrive half an hour early to make payment. Visa & Mastercard payments accepted at Studio only.

For Office Use only

Amount Paid: _____

Check# & Date: _____

Balance Due: _____