



PO Box 9
Hyde Park, VT 05655
802-888-4507 • www.LCPlayers.com

LCP 2009 Children's Theater Workshop Registration Form

Name of Child:

Age [age range is 9 - 14]:

Name of Parent/Guardian:

Address:

Phone (day):

Phone (evening):

Emergency Contact information:

E-mail:

Child's Theater Experience (if no experience, that's okay!):

Payment Information - Registration Fee \$125.00

Enclosed is my check, payable to Lamoille County Players.

Credit Card: Visa or MC accepted.

Number: _____ Exp. Date: _____

Mail this form with your payment to:
[Application deadline is JUNE 30]

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