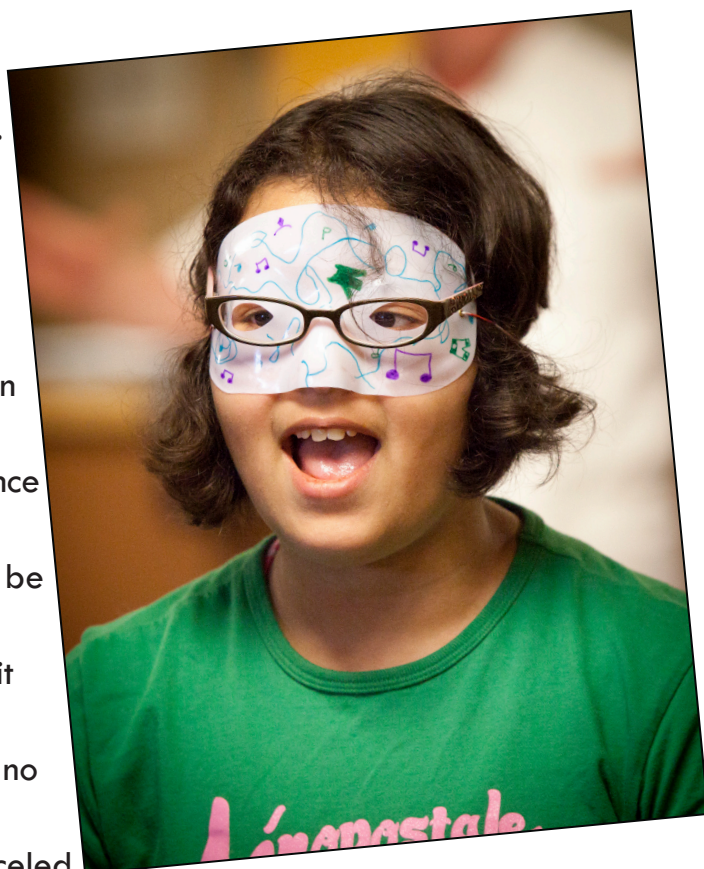


REGISTRATION NOTES...

- Pre-registration is required for every program.
- Capacity is limited and classes are filled on a first-come, first-served basis.
- A class minimum must be met or programming will be canceled.
- Payment must be received when the registration form is submitted.
- Assume your registration has been accepted once submitted.
- If a class is canceled, your registration fee will be returned.
- Sorry, we cannot prorate, refund, or issue credit for missed programming.
- If you cancel less than 10 days before a class, no credit or refund will be issued.
- If school is canceled, programming will be canceled and not rescheduled.
- Students must wear clothes that allow for movement.



Limited Financial Assistance is Available
in the Form of Scholarships.

TO APPLY, VISIT:
LAKESHOREPLAYERS.COM

Questions?

CALL: 651-429-5674 OR EMAIL: OUTREACH@LAKESHOREPLAYERS.COM



Lakeshore Players, Inc.
4820 Stewart Avenue • White Bear Lake, MN 55110

651-426-3275 Business Office
651-429-5674 Box Office
office@lakeshoreplayers.com
www.lakeshoreplayers.com

Outreach and Education Permission Form:

Please print & complete **all applicable** fields. Incomplete forms will be returned. All information is confidential.

Lakeshore program name(s): (Example: SYP, Acting for Success): _____ Tuition Cost:\$ _____

Participant last name: _____ Participant first name: _____

Gender: _____ Age: _____ Ethnicity(optional): _____ Grade: _____ School: _____

D.O.B: _____ Are you a new Lakeshore participant? (circle) Yes No

If no, how many years has the participant been involved? _____

Allergies or special needs, including medication: _____

Guardian last name: _____ Guardian first name: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Guardian email: _____ Participant email: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Emergency Contact (EC) last name: _____ EC first name: _____

EC home phone: _____ EC cell phone: _____ EC work phone: _____

Doctor. name: _____ Dr. phone: _____ Hospital preference: _____

Dentist name: _____ Dentist phone: _____

T-shirt size: (circle) Child: S M L XL or Adult: S M L XL 2XL

How did you hear about this Lakeshore program?

I give permission for my child and/or myself to participate in the above-mentioned Lakeshore Players Theatre Outreach and Education program:

Guardian Signature: _____ Date: _____

___ Check enclosed for \$ _____, made payable to Lakeshore Players Theatre.

___ Visa ___ Master Card Amount \$ _____ Exp. Date _____ / _____ 3-Digit Code _____

Card number: _____ - _____ - _____ - _____

I authorize the above card to be charged for the amount entered above: Signature _____