

# REGISTRATION FORM

Student Name: (1) \_\_\_\_\_

(2) \_\_\_\_\_

Age: (1) \_\_\_\_\_ (2) \_\_\_\_\_ D.O.B. (1) \_\_\_\_\_ (2) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Class Choice : \_\_\_\_\_

Class Choice : \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

Cancellation will occur if a class does not reach minimum enrollment. In the case of a class cancellation, CFT will notify you 10 days prior to start date and tuition will be refunded. Student cancellation will be for class credit only.

A \$50.00, non-refundable deposit/audition fee (included in registration) is due to hold a spot in a class. \*A full credit (including deposit) will be issued for audition-only classes if a student is not accepted.

**Please mail registration with payment to:**

Connecticut Family Theatre  
58 South Street  
West Hartford, CT 06110

Questions? Contact Lori Solak, (860)992-7764  
or connecticutfamilytheatre@yahoo.com

