

New England Youth Theatre Registration Form for Classes/Productions

For office use
Date received:
Signature:

Name of Class/Production _____
(Class and production info at neyt.org)

Student's Name _____

Date of Birth ____/____/____

Contact Information:
Primary Contact

Primary (billing) Street Address _____

Town, State, Zip

Primary Contact Email: _____

Primary Contact Phone:

Home: _____ Work: _____ Cell:

Payment:

Full payment is required prior to the start of the class/production rehearsal period.

____ A check/cash is enclosed for the amount of _____

____ Please charge my credit card

Visa [] Mastercard []

Card Number _____

Expiration Date _____

Name on Card _____

Security Number _____

Please be aware that, for your protection, credit card information is **not** kept on file.

Financial Aid Request: Yes [] No [] (see website for financial aid deadlines)

Send completed form and payment to:

New England Youth Theatre

100 Flat Street

Brattleboro, VT 05301

For additional information please call us! 802.246.6398 ext. 101/102