

Walter C. Polson Middle School
COOPERATIVE THEATER 2018
Registration Form

Student Name: _____

Grade: _____

Program: Cooperative Theater
Dates: Fridays, September 21, 2018 – February 1, 2019
Time: 2:45 – 3:45 pm
Coaches: Mrs. Perrotti
Location: Auditorium
Fee: \$30.00

Cooperative theater is for EVERYONE - we all have unique talents and abilities that we can share! You decide what role you want and you make it happen! Don't want to be on stage? We need lots of help behind the scenes as well! Each week we will play theater games, develop a script, and plan for our performance.

The cost of this program is \$30.00. Checks should be made payable to **Polson Middle School** and returned with the registration form to the main office.

Check #: _____ Amount: _____

Emergency Contact Information

Address: _____

Home Phone: _____

Parent/Guardian's Name: _____

Parent1/Guardian Work Phone: _____ Cell: _____

Parent 2/Guardian Work Phone: _____ Cell: _____

In an emergency, if the parent/guardian cannot be reached, please call:

1. _____ Phone: _____

2. _____ Phone: _____

Signature of parent/guardian: _____ Date: _____

