CENTENARY STAGE COMPANY

Young Performers Workshop FALL/SPRING
2009—2010 Registration Form

❒FALL 2009 (Sept 12-Dec 20) ❒SPRING 2010 (Feb 13-May 30)

_____ _____ ____
Performer's Name Date of Birth Age

School_____

_____ _____ ____
Performer's Name Date of Birth Age

School_____

Parent/Guardian Name: _____

_____
Address

Telephone Numbers: _____ _____ _____
Day Evening Cell

Emergency Contact: _____Phone #: _____

email_____

Tuition: $350/1st Child • $275/2nd Child

No. of Students Enrolled _____ Total Amount Enclosed: _____

❒ Check #_____ ❒ Visa ❒ Master Card

CC # _____ Exp. Date_____

Makes checks payable to: CPAG and mail to:
Centenary Stage Company, 400 Jefferson St., Hackettstown, NJ 07840
FOR ADDITIONAL INFORMATION CONTACT THE CSC ADMIN. OFFICE AT (908) 979-0900 X2.