

Summer Arts at The Cabaret

2010 REGISTRATION FORM

Please return this Registration Form with a \$100.00 non-refundable deposit and mail to:

Tobi Beth Silver 21 A Rolling Brook Lane Shelton, CT. 06484

Make check payable to: Summer Arts

A confirmation form will be sent to you upon receipt of this material.

Name (last) _____ (first) _____

Date of Birth

(month) _____ (day) _____ (year) _____ Male ___ Female ___

Grade entering as of September 2010 _____ School _____

Home Address (number and street)

City/State/Zip _____

Parent's Names (Mother) _____ (Father) _____

Parent's Address, if different from above: Mother _____

Father _____

Phone (home) () _____ (Mother work) () _____ (cell)

Phone (home) () _____ (Father work) () _____ (cell)

Student's home phone _____ (cell) _____

Main Email Address (make sure up to date we use often)

Request Car Pool Info. _____

Emergency Contacts: Name _____ Phone _____

Name _____ Phone _____

Parents or Guardian Signature _____ Date _____

(Over 18 may sign) For more information call today: **203.929.0888**