

CAPE MAY STAGE

FAMILY WEEK: TEEN ACTING CLASS REGISTRATION

Name of Student: _____

Age: _____

Why do you want to take this class?

Can you attend all 4 classes? If not, which ones are you unable to attend? (NOTE: Attendance for all four classes is not mandatory but preferred for students to get the most out of the program) _____

Do you have any prior acting experience (yes or no) **NOTE: Prior experience is NOT required to take this class. _____

Name of Parent or Guardian/Emergency Contact

Info: _____

Are you interested in receiving information about future education programs at Cape May Stage? If so, what email address may we contact you by? _____

Please return this form ASAP to:

Cape May Stage
31 Perry Street
Cape May, NJ 08204