



2015 Pajama Drama Application

(Fill Out One Form For Each Student. No Area Should Be Left Blank)

NAME		GRADE	AGE
Mailing Address		City	State
EMAIL (THIS IS HOW WE WILL DO MOST OF OUR COMMUNICATION)		CELL PHONE/ HOME PHONE	
PARENT/GUARDIAN NAME		EMERGENCY CONTACT NAME / PHONE	
DOCTOR'S NAME		DOCTOR'S PHONE	
DESIGNATED HOSPITAL			
LIST ANY OF THIS STUDENT'S ALLERGIES OR MEDICAL CONDITIONS			
<p>Should this student require medical attention during a class or rehearsal, we will attempt to contact you immediately using the numbers provided. However, in the event of a medical emergency and we are unable to reach you, your signature below authorizes Victoria Community Theatre, Inc. to obtain medical care for this student.</p> <p style="text-align: center;">PARENT/GUARDIAN SIGNATURE _____</p> <p style="text-align: right; margin-right: 100px;">DATE _____</p>			

DECEMBER 20th & 21st
GRADES 5th, 6th, 7th, & 8th
ARRIVAL TIME : 5:30 PM
\$30.00

Has the student previously participated with Theatre Victoria's School of Performing Arts? **Yes** or **No**

What goals do you (or your child) hope to accomplish by attending classes?

Your signature below authorizes Theatre Victoria permission to use, print, or publish this students photograph for promotional and educational purposes.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

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