

The Actors' Lab Registration Form

YOUR PERSONAL INFORMATION

Student Name

Student Email

Student School and Grade
(If student is under 18 yrs. of age)

Parent Name and Email
(If student is under 18 yrs. of age)

Address

City

State

Zip

Phone (Home)

Phone (Work/Cell)

Emergency Contact

Phone

Relationship To Student

Are there any pre-existing medical conditions
or allergies that we should be aware of?

CLASS SELECTION & PAYMENT

Class Name

Tuition Amount

Class Name

Tuition Amount

TOTAL AMOUNT DUE: _____

Send to: Actors' Lab at San Jose Stage
490 South First Street
San Jose, CA 95113
408.283.7142 x20

I wish to pay by:

Check (Payable to San Jose Stage Company)/Mastercard/Visa# & Expiration Date:

How did you hear about The Actors Lab at San Jose Stage Company?
