

**Singing Onstage Studios  
Registration Form  
LITTLE SHOP OF HORRORS  
Fall 2010**

**Tuesdays & Thursdays 7-9PM, Every other Saturday 1-5  
August 31<sup>st</sup>-November 28<sup>th</sup> (Performed at the State Theatre!)**

**Name of student(s):** \_\_\_\_\_

**Age/Grade:** \_\_\_\_\_

**Parent(s) name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell phone (for urgent messages):** \_\_\_\_\_

**School that student attends:** \_\_\_\_\_

**Emergency contact (if parent is not available):**

\_\_\_\_\_

**Email address:** \_\_\_\_\_

(Only include an email address if it is checked regularly. We'll assume that we can use the email address to notify students and parents of changes to the schedule, etc. on short notice.)

Please include full or 1/4 payment with this registration form to hold a place in class. The full fee is \$575, 1/4 payment is \$145.

(NOTE: In order to make the State Theatre a viable venue for our productions, we require that each student's family purchase (and/or sell) a minimum of 10 tickets for the performance.)

**PLEASE NOTE:** Make checks payable to **Singing Onstage**. You may mail form and check to Singing Onstage Studios, 1108 S. Pugh St., State College, PA, 16801  
For office use only:

Paid in full \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

Payment 1 \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

Payment 2 \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

Payment 3 \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

Payment 4 \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_