



Student Registration Form

Student Name: _____

Student Email: _____

Student Phone #: _____

Student Age & Grade: _____

Mom Name: _____

Mom Email: _____

Mom Phone #: _____

Dad Name: _____

Dad Email: _____

Dad Phone #: _____

Student will be attending: (Choose One)

AUDITION PREP & INDIVIDUAL PERFORMANCE, 6-7:30pm (Age 13-18)

ACTING OUT, 4-5:30pm (Age 6-12)

How did you hear about the class? _____

I would like to pay for the class by:

\$150 Check/Cash, made out to: Logan Carter (Due on the first day of class)

\$150 Check/Cash mailed to Logan Carter, PO Box 331, Basalt, CO 81621