



LIVE IS BETTER

GLOBE THEATRE SCHOOL CHILDREN & TEENS PROGRAM

Name of Participant.....
Address.....
City/Town..... Prov..... Postal Code.....
Age..... Male Female
Name(s) of Parent/Guardian.....
Contact Numbers: Home.....
Work.....
E-mail.....

Please indicate the program you would like to take:

Program.....
Day and Time.....
Total Fees.....

FULL PAYMENT MUST BE INCLUDED WITH THIS REGISTRATION FORM

- I have already paid online or by phone
Visa MasterCard Interac (in person only) Cash Cheque (payable to Globe Theatre)

Credit Card No.....
Expiry Date.....
Cardholder's Name.....
Cardholder's Signature.....

Please return one form for each participant with full payment to:
Globe Theatre, 1801 Scarth Street, Regina SK S4P 2G9
Ph (306) 525-6400 Fax (306) 352-4194

EMERGENCY INFORMATION

NAME:
DATE OF BIRTH:
SASK. HEALTH #:
DOCTOR'S NAME:
PHONE NUMBER:
MEDICAL CONDITIONS / ALLERGIES:
.....
EMERGENCY CONTACT NAME(S):
RELATIONSHIP:
PHONE NUMBER:

PHOTO/VIDEO RELEASE

I hereby give permission for images of my child, captured during Globe Theatre School, to be used by Globe Theatre in promotional material and publications, waiving any rights of compensation or ownership thereto.

Name of Participant:
.....
Name of Parent/Guardian:
.....
Signature of Parent/Guardian:
.....
Date: