

CTG Spring Break Registration Form

Please complete this form and return it with your registration fee to:

Community Theatre of Greensboro
200 N. Davie Street, Box #9 • Greensboro, NC 27401
Office: (336) 333-7470 • Fax: (336) 333-2607

Students Name: _____

Grade as of 1/1/10 _____ Age _____ Birthdate ___ / ___ / ___

Parent'sName: _____

Address _____

City _____ Zip _____

Phone#(h) _____ (w) _____

(c) _____ (alt) _____

Email _____

SPRING BREAK CAMP \$75

March 29-April 1, 2010 _____

PLEASE CHOOSE PAYMENT OPTION

CASH___ CHECK___ AMEX___ VISA___ MC

Total Amount \$ _____

CREDIT CARD _____

Exp Date ___ / ___ Security Code: _____

SIGNATURE _____

CLASS TUTION IS NON-REFUNDABLE

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