

Student Information:

Name _____
 Date of Birth _____ Grade _____ Gender _____
 Address _____
 City _____ Zip _____
 Home Tel. _____ Cell _____
 Email _____
 Parent/Guardian _____
 Work Tel. _____

Class Information:

Class Title	Fee	
1. _____	\$ _____	
2. _____	\$ _____	
3. _____	\$ _____	
4. _____	\$ _____	
Total Class Tuition \$ _____		
Ed Dawkins Scholarship Donation	\$ _____	
Total Payment Enclosed \$ _____		
___ Check	___ MasterCard	___ VISA
Card # _____		
Signature _____		
Exp. Date _____		

I authorize Bay Street Players to have the right to copyright, publish, use, sell or assign any photographs, television/videos, and sound recordings, that have been taken of my child during YPT activities.

Classes are limited—Sign up today!



Bay Street Players Young People's Theatre
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