



Acting Class Enrollment Form

General Information

Student's Name: _____
Parent's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Emergency Phone: _____
E-mail: _____ Student's Birth Date: _____
Allergies: _____

Class Registration

Class Description	Age Group	Session	Class Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Due:			_____

Payment Options *(Do not send cash)*

_____ Enclosed is a check made payable to "Gemini Theater Company"
_____ Please charge my Visa/MC/Amex/Discover *(Please circle one)*

Card Number: _____ Exp Date: _____
Signature: _____

NOTE: Please list credit card billing address below if different than indicated above.

Please send completed forms to

*Gemini Theater Company
7501 Penn Avenue
Pittsburgh, PA 15208*