



Four Seasons Theatre

Registration Form Musical Theatre Intensive

**January 16, 2010
10 am to 3:30 pm**

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact Name & Cell Phone Number:

Parent Name & Cell Phone Number (if registrant is under 18 year of age):

**The enrollment fee for the workshop is \$80 (\$65 for high school and college students).
Checks should be made payable to Four Seasons Theatre. Advance payment is required.**

Please mail your completed registration form and check to:

Four Seasons Theatre
Adult Musical Theatre Intensive
PO Box 55032
Madison, WI 53705