

2017-2018 MIDDLE SCHOOL MUSICAL

CONTACT INFORMATION - Please PRINT as neatly as possible

STUDENT NAME _____

SCHOOL _____

GRADE _____ **STUDENT BIRTHDATE** _____

STUDENT EMAIL (if there is one) _____

STUDENT CELL (if there is one) _____

PARENT NAME (s) _____

STREET ADDRESS _____

CITY, ZIP CODE _____

PARENT EMAIL (s) _____

PARENT CELL (s) _____

REHEARSAL PREFERENCE: Please check one

_____ 3 days per week from 6-8 PM

_____ 2 days per week from 6-9

ANY KNOWN CONFLICTS DURING SEPTEMBER - DECEMBER:

