

AUGUSTA MINI THEATRE, INC. COMMUNITY ARTS AND LIFE SKILLS SCHOOL

WAITING LIST APPLICATION

STUDENT INFORMATION FOR:

**DRAMA – GRADES 1ST -12TH; PIANO – AGES 7 & UP & SENIOR CITIZENS AGES 55 & UP;
ART – GRADES 1ST -12TH; DANCE – AGES 9-19**

AREA(S) OF INTEREST _____

PLEASE PRINT

FEMALE: _____ **MALE:** _____ **DATE:** _____ **TIME:** _____

NAME OF STUDENT: _____ **AGE:** _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME TELEPHONE #: _____ **WORK #:** _____

CELL#: _____ **PAGER#:** _____

DATE OF BIRTH: _____ **GRADE:** _____

PARENT OR GUARDIAN INFORMATION:

PARENT NAME (GUARDIAN): _____

ADDRESS: (Only if different from above) _____

CITY/STATE/ZIP: _____

PARENT (GUARDIAN) WORK #: _____

CELL PHONE #: _____ **PAGER #:** _____

PRIOR TRAINING (IF ANY)

AREA OF TRAINING: _____

PLACE OF TRAINING: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE#: _____

EMAIL: _____