



MUSICAL THEATER INTENSIVE REGISTRATION FORM

Student's Name (first & last): _____ Age: _____

Email of Student (optional): _____

Parent/Guardian Name (first & last): _____

Email of Parent/Guardian: _____

Phone Number for Parent/Guardian: _____

Emergency contact name (if unable to reach parent/guardian): _____

Emergency contact relationship to camper: _____

Emergency contact phone number: _____

Please list any allergies or medical concerns that the Barn should be aware of:

Any other notes, questions, or concerns:

Please make checks payable to "New London Barn Playhouse" and mail the form and payment to:
New London Barn Playhouse
PO Box 9
New London, NH 03257
attn: Education