

CCT CAST MEMBER INFORMATION SHEET

NAME _____ PHONE _____

AGE _____ GRADE _____ SCHOOL ATTENDING _____

ADDRESS: STREET _____

CITY _____ ZIP _____

E-MAIL ADDRESSES: CAST MEMBER _____

PARENT'S _____

Please mark e-mail address that is checked most often. We communicate through e-mail.

PARENTS NAMES _____

CHURCH AFFILIATION _____

CANCELLATION TELEPHONE NUMBER _____

(If we have to cancel during school hours, we will call each school and have an announcement made. If we need to notify someone lese, please fill in the above blank)

MY SON/DAUGHTER HAS MY PERMISSION TO PARTICIPATE IN
CHILDREN'S CHRISTIAN THEATRE.

_____ (PARENTAL SIGNATURE)

Cast Member's T-shirt size:

Youth: 10-12 _____ 14-16 _____

Adult: Sm _____ Med _____ Lg _____ XLg _____