

MAIN STREET THEATER CO.

STUDENT INFORMATION SHEET

Student Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____ (Home) _____ (Cell)

Email Address: _____

Parent Name: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Student Information

School Attending: _____ Current Grade: _____

Special Notes/Allergies: _____
