



BROADWAY BOUND PLAYERS, INC.

PO Box 240

Franklinville, NJ 08322-0240

www.broadwayboundplayers.com

email: broadwayboundplayers@hotmail.com

Registration Form

Students Name: _____ Age: _____

Address: _____

Parent's Names: _____

Parent's Cell Phone Number: _____

Parent's Telephone Number: _____

Parent's Email (if applicable): _____

Student's Email (if applicable): _____

Student's Phone Number (if applicable): _____

Student's Cell Phone Number (if applicable): _____

Emergency Contact Name: _____ Number: _____

Emergency Contact Relation: _____

If your child has any health conditions, takes any medication, or has any allergies that we should be aware of, please list and describe:

Any other relevant information you feel we need to know about your child: _____

I, the undersigned, give my child permission to audition and be a part of the Broadway Bound Players. If he/she is cast in the show, I will allow him/her to attend all rehearsals, dress rehearsals, and performances other than those listed under conflicts on the "Audition Information" sheet. If my child misses 5 or more rehearsals, I understand that he/she may be recast. I am also aware that the \$100/\$125, non-refundable payment is due by June 1, 2009 to secure my child a spot in the Broadway Bound Summer Theater Program.

X _____ Parent/Guardian Signature