

THEATRE WORKSHOP REGISTRATION FORM

Name: _____

Parent Name: _____

Address: _____

City State Zip

Home Phone: _____

Email Address: _____

High School: _____

City State

In Fall '09 I will be a: freshman sophomore junior senior

I will be a:

- commuter (ie, I *will not* stay overnight in the residence hall)
- resident (ie, I *will* stay overnight in the residence hall)

Select Method of Payment:

I have enclosed a check in the amount of _____ made payable to **Allegheny College**.

Please charge _____ to the following credit card:

- Visa Acct.# _____ Exp. Date: _____
- MasterCard Acct#: _____ Exp. Date: _____

Signature

On the **reverse side** of your credit card, you will find a series of numbers in the signature strip.
The last three digits in the signature strip are: _____

Please send **registration form** and a **non-refundable \$50 deposit** to the following address by **MAY 18, 2009**:

Office of Summer Programs & Conferences
Box V
520 N. Main Street
Meayville, PA 16335