

Please use this form to enroll in a class or make a donation to RCT

Name_____

Address_____

City/State/Zip_____

Class Title Please circle

Let's Act \$150

Let's Dance \$150

Improv \$150

Just Mommy & Me \$100

Shakespeare Project \$150

Donation \$_____

Students Age/Grade_____

Parent/Guardian_____

Cell Phone _____

E-mail_____

Class /Camp Total_____

Check Enclosed _____ Visa_____ Mastercard_____

Card Number_____

Exp Date_____

Signature_____

Donation _____

Thank you for your support of Roanoke Children's Theatre
Please mail this registration/donation form to:

Roanoke Children's Theatre
PO Box 4392
Roanoke, VA. 24015

