

CONTACT INFORMATION & CONTRACT

***This page must be turned in by Tuesday September 12, 2017.**

Student Name: _____

Student Grade: 6 7 8 Student Age: _____ Student DOB: _____

T-shirt Size: YS YM YL YXL AS AM AL AXL

Do you have any allergies? _____

Do you have any dietary restrictions? _____

How will you get home after rehearsals: Pick-up Walk/Bike Activity Bus

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent Email: _____

PARENTS – “I WOULD BE WILLING TO VOLUNTEER IN THE FOLLOWING COMMITTEES”:

**Fundraising
Set Construction
Concession Sales**

**Costuming
Cafeteria Set-up/Take-Down**

Marketing/Advertising

*Please circle any committees in which you would like to assist.

By signing this form, I agree to all policies and procedures of the BRCMS drama club.

Student _____

Parent _____