



Youth Theatre Registration

Classes held at Chagrin Valley Little Theatre, 40 River Street, (440) 247-8955 – www.CVLT.org

Date _____

Name _____ Age _____ Grade _____

Address (include city and zip) _____

Phone Number _____

Email Address _____

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Mother's Name (and phone number if different) _____

Father's Name (and phone number if different) _____

Work Numbers _____

Emergency Contact (other than parents) _____

For new students only: Please list any previous experience in theatre or related fields (music, dance, etc)

I am interested in registering for and have included registration fees for the following session(s):

Make checks payable to C.V.L.T. Mail to: Chagrin Valley Little Theatre, 40 River Street, Chagrin Falls, OH 44022