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*P.O. Box 3449*

*Lynchburg, VA 24503*

*(434) 401-2383*

*jbenejan@bbpinc.org*

### **Program Registration Form**

*(Please fill-out completely)*

#### **Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*(street name, city, state, and zip code)*

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

#### **Personal Information:**

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ M/F (Male/Female)

**Family Annual Income: (Check the one that applies)**

\$0 - \$15,000

\$15,001 - \$25,000

\$25,001 - \$40,000

\$40,001 - \$55,000

\$55,001 - \$65,000

\$65,001 and above

**# Of Adults in household:** \_\_\_\_\_ **# Of Children in household:** \_\_\_\_\_

**Do you have your own transportation?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Supplemental Questions**

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**1. How did you hear about the program? Check all that apply**

Radio  Television  Newspaper  Other \_\_\_\_\_

**2. Which program are you most interested in?**

Theatre  Dance  Music  Art/Visual Art

**3. What subject(s) do you find most interesting?** \_\_\_\_\_

4. Do you have any type of performance experience? Y N If yes please explain below:

Character	Production	Theatre/Production Company	Dates

5. Do you have any type of production experience?  Y  N (i.e., painting, building, sewing, sound, and/or lighting equipment, etc.)

**If you would like to know about volunteer opportunities please provide the following information:**

<b>Volunteer Name</b>	<b>Phone (Home)</b>	<b>Phone (Cell)</b>	<b>Email</b>	<b>Area of Expertise/Interest</b>	<b>Days/Times Available</b>

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 Printed Name of Participant

Date

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 Printed Name/Signature of Legal Guardian

Date

***\*\* Disclaimer: All information provided is for our use only and will not be shared with other entities, income and household information, etc. will be used for our own statistical research. \*\****