



Program Registration Form

(Please fill-out completely)

Contact Information:

Name of participant: _____

Address: _____

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

Phone: Home _____ Cell _____ Email: _____

Personal Information:

Age: _____

Gender: _____ M/F (Male/Female)

Of Adults in household: _____ # Of Children in household: _____

Median Income: _____

Do you receive any type of public assistance? _____ Yes _____ No

Do you have your own transportation? _____ Yes _____ No

Supplemental Questions

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:

<u>Character</u>	<u>Production</u>	<u>Where</u>	<u>Dates</u>

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

Would you like to volunteer to be a part of or help with? Provide your information:

Volunteer	<u>Phone</u>	<u>Email</u>	<u>Area of Interest</u>	<u>Remarks</u>

Printed Name of Participant

Date

Printed Name/Signature of Legal Guardian

Date

***** This information is for the sole use of Building Bridges Productions, Inc., and will not be shared with any other person or entity. *****