

# REGISTER TODAY!

**CALL 780.425.1820 OR**

**EMAIL FORM TO DIANA STEVENSON [dstevenson@citadeltheatre.com](mailto:dstevenson@citadeltheatre.com)**

**MAIL FORM TO Foote Theatre School, 9828 - 101 A AVE, Edmonton, AB T5J 3C6**

Student's First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Name of Parent or Legal Guardian (if under 18) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ P/C \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

To ensure the best learning experience, please indicate any relevant medical or behavioural condition the student may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PLEASE REGISTER ME IN:

Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \_\_\_\_\_

Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \_\_\_\_\_

Course Code \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \_\_\_\_\_

GST (Applies to teen and adult students. See website for details.) \_\_\_\_\_

I would like to donate to the Foote Theatre School Scholarship Fund \_\_\_\_\_

Total Fee \_\_\_\_\_

## PAYMENT:

Cash     Cheque (made out to Citadel Theatre)     VISA     MasterCard     Amex

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_