

REGISTER TODAY!

Fill out this form and email it to **Doug Mertz** dmertz@citadeltheatre.com
or mail it 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 ____/____/____