RISING STARS
The Five Star Theatre Co.

SUMMER PROGRAM 2026

Please complete this form by March 1st and
EMAIL IT TO: fivestartheatrecompany@gmail.com

Enrollment Form

Name_____

Parents' names _____

Street Address _____

City/Town_____ Zip Code _____

Telephone (_____)_____ Cell Phone _____

E-mail address (please print) _____

Date of Birth _____ Current Age _____

Age (from July 6 - 17) _____ Current grade in school _____ Height _____

YOUTH T-SHIRT SIZE [please check one] SMALL ☐ MEDIUM ☐ LARGE ☐

Years of Five Star participation: _____

School you currently attend: _____

I have read and understand all requirements for Rising Stars: _____
[Parent/Guardian Signature]