



RISING STARS
The Five Star Theatre Co.

SUMMER PROGRAM 2025

Please complete this form and EMAIL IT TO: fivestarthatrecompany@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 7 - 18) _____ Current grade in school _____ Height _____

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]