



TECHNICAL THEATRE PROGRAM 2024

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 1 - 27) _____ Current grade in school _____ **T-SHIRT SIZE** _____

Years of Five Star participation: _____

School you currently attend: _____

I have created my Parent Portal Account on Dance Studio Pro: _____

[Parent/Guardian Signature]