



**RISING STARS**  
The Five Star Theatre Co.

# SUMMER PROGRAM 2024

Please complete this form and EMAIL IT TO: [fivestarthatrecompany@gmail.com](mailto: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]