

CUB SCOUT THEATRE WORKSHOP
REGISTRATION FORM

Pack Number: _____

Troop Number: _____

___ Tiger

___ Bear

___ Wolf

___ Webelos

TROOP LEADER: _____

ADDRESS: _____

Daytime Phone: _____

Evening Phone: _____

E-Mail Address: _____

Number of Scouts Attending: ___ @ \$20.00

Number of Supervising Adults Attending: ___ @ \$20.00

REGISTERED PARTICIPANTS (Please Indicate Adults)

1 _____

11 _____

2 _____

12 _____

3 _____

13 _____

4 _____

14 _____

5 _____

15 _____

6 _____

16 _____

7 _____

17 _____

8 _____

18 _____

9 _____

19 _____

10 _____

20 _____

TOTAL PAYMENT: \$ _____

METHOD: ___ Check ___ Cash ___ Charge (MC/Visa/AmExp)

Card #: _____ **Exp.:** _____

Payment by Check, Cash or Charge MUST accompany all registrations.

Refunds will be made only if Ocala Civic Theatre cancels a workshop or if your registration is received after the deadline and the workshop has been filled.

Ocala Civic Theatre reserves the right to cancel or alter scheduled workshops as necessary.

Make checks payable to:

Ocala Civic Theatre.

Mail or bring this completed registration and payment to:

Ocala Civic Theatre Education Department

4337 East Silver Springs Blvd., Ocala, FL, 34470