

Durham Regional Theatre

Building Community, Character and Careers Since 2010

Student Name: _____

Parent/Guardian Name(s): _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail Address: _____

DFT Class You Wish to Attend (see registration form for class information): _____

Number of Family Members in the Home: _____

Ages of Family Members in the Home: _____

Total Annual Family Income (including work, benefits and any additional income sources such as rentals or Social Security): _____

DFT awards both full and partial scholarships. Which type scholarship you are requesting?
Scholarship amount (\$) you need to receive: (Full, or, if partial, how much financial support will you need in order to participate in the camp) _____

Why do you want to attend DFT Acting Class? (Student please answer briefly. Use the back of this form if you need it.)

Parent/Guardian(s) please sign this Statement of Verification and Commitment: I verify that all the information listed above is true. If my child receives the requested scholarship our family is committed to supporting his/her attendance at the Spring Acting Class 2013 on all meeting days and times.

Parent/Guardian Signature

Date

Please return completed form via e-mail to DurhamRegionalTheatre@gmail.com, or by postal mail to DRT, P.O. Box 61894, Durham, NC 27715.