



JBT Workshop Registration

Student's Name: _____

Age (if under 18): _____ **Gender:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

E-mail: _____

Please add me to the JBT Mailing List: Y N

Workshop Choice(s): _____ **Price: \$** _____

_____ **Price: \$** _____

Total Price: \$ _____

Amount Enclosed: \$ _____

Bill My Credit Card: Master Card Visa **Card Number:** _____

Name on Card: _____

Exp. Date: _____ **CVV#** (3 digit code on back of card): _____

Billing Address: _____

Signature: _____ **Date:** _____

Please make checks payable to The John Beasley Theater.