



Workshop Registration Winter/Spring 2010

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: _____

Same as above _____

Signature: _____ **Date:** _____

Please make checks payable to The John Beasley Theater.