S.W.A.G Signup - 2017

Child's Name _____ Age____ T-Shirt Size _____

Parent/Guardian's Name _____

Address _____

Phone _____ e-mail _____

Theater Interests: _____

Acting/Theater Experience:_____

Health/Medical Information: _____

Emergency Contact for Parent (while child is at workshop)_____

_____

_____(Child's Name) has permission to participate in the WRP SWAG 2017.

_____parent/guardian signature)