



Little Theatre of New Smyrna Beach

Please note, if you are enrolling in a fee class, you need to fill out this form and mail it to the Little Theatre with your payment.

Fee Seminar Enrollment 2007-1

Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Method of Payment: *circle one* Visa, Mastercard, Check Expiration _____

Credit Card No. _____ Name on card: _____

Signature: _____

Date: _____ Billing Address: _____

Fee Class selection – please circle amounts and total each column

Basic Acting	\$30 – 5 weeks _____	Date of class	Saturdays, Feb 10- - Mar 10, 2007 – 10 to noon _____
Directing	\$25 – 4 weeks _____	Date of class	Saturdays, Feb 17 – Mar 10, 2007 – 1 to 3 p.m. _____
Total	\$ _____	Total	_____
	<i>Total – sum of circled amounts</i>		<i>Total # of classes you are enrolling in</i>

Your Background

Describe current community _____

theater experience. Please _____

Include dates, and theater _____

locations. _____

Current objective: _____

Please mail this completed enrollment form to the Little Theatre, PO Box 114, New Smyrna Beach, FL 32170-0114. If you are paying by check, please make your check payable to the Little Theatre.