



RCT Theatre Academy Registration/Tuition Form

Please fill in legibly.

Registration/Tuition

We accept **Personal Checks** made out to **Roanoke Children's Theatre**, or Credit Card Payment (**Visa or MasterCard**).

Name of Student _____

Age _____ Grade _____ School _____

Name of Parent(s)/Guardian(s) _____

Email _____ Phone: _____

RCT Academy Class/Camp Title(s) _____ Amt _____

RCT Academy Class/Camp Title(s) _____ Amt _____

RCT Academy Class/Camp Title(s) _____ Amt _____

Please consider a \$25 Donation to help support RCT's education, scholarship and outreach programming. Every donation makes a difference in a child's life! Amt _____

TOTAL _____

Name on Check _____ Check # _____

Name on Card _____

Visa or MC Card # _____ Exp. _____

Billing Address _____

Signature _____

RCT Tee Shirt Size (Circle One) **YS** **YM** **YL** **AS** **AM** **AL** **AXL**

Please submit form and payment information to:

Roanoke Children's Theatre
ATTN: RCT Theatre Academy
PO Box 4392
Roanoke, VA 24015