## QUICK & EASY REGISTRATION

Name		Age
Parent/Guardian		
Address		
Email		
Phone (h)		
Phone (c)		
Class Choice(s) & Age G	roup(s):	
*Alternate Class Choice(s):		
Amount Due:	\$	
Amount Enclosed	\$	
		d a spot in the program (\$100 for full-day vacation camps). (spring and summer camps 30 day's prior to start date).
class is cancelled. If you d	o not choose to pick an alterr	t is not reached. You will be notified 10 days prior to start date if a ate class, a full refund, including deposit will be issued. <u>Student</u> site for spring and summer camp cancellation policy.
	Please mail regis	stration with payment to:

Connecticut Family Theatre 58 South Street West Hartford, CT 06110