



## Amherst Community Theater Registration Form

Household information:

Primary name
Street
Town, State, Zip
Phone
Email

Secondary Name
Address if different
Phone #2
Email #2
Emergency contact
Name
Phone

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Participant's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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- Does participant have any special needs/concerns? **Yes or No**
  - If yes, please contact us with those details in when registering
- May Amherst Recreation use photos of you or family members for marketing and promotional use? **Yes or No**

Signature: \_\_\_\_\_

Our Participation Fee is \$80 for all Amherst Community Theater Cast Members.  
If the fee poses a hardship for your family, we encourage you to pay what you can.  
If you are able to pay a higher fee, please do so to help us support families with less ability to pay.

Cash	Total
Check	Total
Credits	# _____ - _____ - _____ - _____, Exp. Date: _____, CVV _____