

# Amherst Community Theater Registration Form

170 Chestnut St., Suite 1, Amherst, MA 01002  
 p: 413.259.3065 | rec@amherstma.gov  
 www.AmherstMARec.org

Household Information:

Primary Name
Street
Town, State, Zip
Phone
Email

Secondary Name	
Address if different:	
Phone # 2:	
Email # 2:	
<b>Emergency Contact</b>	
Name:	
Phone:	



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



- Does participant have any special needs/concerns? **Yes or No**  
     If yes, please contact us with those details when registering.
- May Amherst Recreation use photos of you or family members for marketing and promotional use? **Yes or No**
- Amherst Community Theater requires all participants to be vaccinated.

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. Please email the producers at producer@amherstacts.org if you need further information or if the fee poses a hardship.**

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