



Amherst
Community Theater

and MISSOULA
CHILDREN'S
THEATRE

Child(ren)'s Name(s): _____ School: _____ Age: _____

Parent/Guardian Name(s): _____

Address: _____ Town: _____ Zip: _____

Phone (home): _____ (work) _____

(cell): _____ Email: _____

Emergency Contact Name: _____ Phone: _____

IF YOUR CHILD IS CAST, PLEASE UNDERSTAND THAT REHEARSALS WILL BE HELD ON

Monday, March 23rd 6:30-8:30pm at ARMS

Tues, March 24th, Wed March 25th, Thurs March 26th, from 4 – 6 and 6:30 – 8:30 pm at ARMS

DRESS REHEARSAL on Friday March 27th, from 4 – 7 and 7:30 – 8:30 at ARMS

****Not all performers are called for all rehearsal times. Directors will announce these specific expectations****

PERFORMANCES ARE SATURDAY, MARCH 28th 2026 at 1:30pm and 4:00 pm

At AMHERST REGIONAL MIDDLE SCHOOL

Performers will be called at 12:00 noon on Saturday

I have read the above and understand that **my child is expected to be at all rehearsals for which they are called, AND at BOTH performances:**

Signature of Parent/Guardian: _____

I would like to contribute extra for scholarships \$ _____

\$75 Registration fee per child/\$40 for each additional sibling • (fee reductions/waivers are available upon request)

Please make checks out to **Town of Amherst**

FOR MORE INFORMATION go to www.amherstacts.org

_____ CASH (Amt. pd.) _____ CHECK (amt. pd.)

_____ FEE WAIVER _____ FEE REDUCTION

initial