



Enrollment Form

Name of Student:

Name of Parent (for students under age 18):

Street Address:

City, State, Zip:

Telephone:

Alt. Telephone:

E-mail:

Classes Enrolled (please, indicate class type and time):

Class Type	Class Time	Price per Class
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

Form of payment:

Check

Cash

Credit Card*

**We accept Visa and Mastercard. Please call us with your credit card information.*

Please, mail this form along with your check to:

*Clifton Performance Theatre
563 Howell Ave., Cincinnati OH 45220*

Tel: 513-861-7469

www.CliftonPerformanceTheatre.com