



Whidbey Playhouse – Acting Class Registration

Name: _____

Address: _____

City/State/Zip: _____

Approximate Age Range: _____ (Or, more importantly, what age can you play?)

Cell: _____

E-mail address: _____

Please briefly indicate any theatrical experience:

Please briefly indicate what you expect to get out of the class:

List all days you will be unable to attend the workshop due to other commitments:
