



Class Registration Form

Name _____

Address _____

City _____

State _____

Zip _____

Day phone _____

Evening phone _____

Cell phone _____

Email _____

Course Title #1 _____

Day and Time _____

Instructor _____

Course Cost _____

Course Title #2 _____

Day and Time _____

Instructor _____

Course Cost _____

ADDITIONAL INFORMATION - FOR SUMMER CAMPS ONLY

Child's Age _____

Grade _____

Food Allergies _____

Add a \$10 registration fee if not a member of LTA _____

Become a member* _____

Please mail registration (with payment) to:

LTA Class Registration

The Little Theatre of Alexandria

600 Wolfe Street, Alexandria, VA 22314

\$50.00 for Active Member _____

\$30.00 for Junior Member _____

Form of Payment: _____

Total _____

Cash Check (Payable to LTA) Credit Card

Credit Card Type: VISA American Express Mastercard

Credit Card Number _____ Exp. Date _____

*Membership form must accompany registration form, download a membership application at www.thelittletheatre.com. Click on Information and then click Become a Member. Please note that there is a volunteer requirement attached to the Active Membership – please indicate the areas in which you would like to volunteer. Note: members receive one ticket to each of the main season shows.

