



KINCAID REGIONAL THEATRE COMPANY, INC.

**MUSICAL THEATRE WORKSHOP
APPLICATION**

Date _____

Name _____

Address _____

Parent/Guardian's Name _____

Phone Number (home) _____ work _____

Email Address _____

School applicant attends _____

Grade applicant is entering _____

Drama or Music Teacher's Name _____

Applicant will be attending:

_____ Elementary grades 4-6

_____ Middle & High School grades 7-12

July 21 - 25, 2008 at the Griffin Center

June 30 - July 3, 2008 at the Falmouth School Center

Sending remittance with the returned application will insure your place in the workshop to
PO Box 208 Falmouth, KY 41040

Cost of Workshop is **\$40.00**

For Parent/Guardian:

I will accept the responsibility to have myself or another responsible adult deliver and pick up my child from The Griffin Centre at the proper times.

(Signature)