



CLASS/WORKSHOP REGISTRATION FORM

Registration is by mail only. Enrollment in each class is on a first paid basis and is limited, so early registration is encouraged. **Full payment must be received before your enrollment is processed and confirmed.** Confirmation letters and additional information are e-mailed or mailed approximately 5 days prior to the start date.

Refund Policy: If a requested class is cancelled due to lack of enrollment, you will be notified by telephone at least 48 hours prior to the start date and class fees refunded in full. Memberships are nonrefundable.

Please print clearly or type.

Student Name: _____

Parent/Guardian Name: _____

Child/Youth Age: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Business Phone: _____

Cell: _____

E-mail Address (for receiving class confirmation documents): _____

May we also send you Kentucky Theater Project class announcements via e-mail? Yes No

How did you hear about KTP? _____

KTP Membership: Yes, expiration date: / / No

Class Code

Title

Fee

Class Code	Title	Fee

Subtotal: _____

Membership: _____

I would like to make a donation to KTP: _____

Total: _____

Payment

Check/money order payable to Kentucky Theater Project

Office Use: Date Paid: / / Check #: _____ Registrar initials: _____ Data Entry

Confirmation Sent Notes: _____

Kentucky Theater Project: Cultivating a Passion for the Arts

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