

InterPLAY 2010

"YES, AND..."

Name _____ Birthday ____/____/____

Address _____ City _____ Zip _____

Home phone # _____ Emergency # _____

Doctor _____ # _____

T-SHIRT Size _____ Favorite Color _____ Allergies? _____

School _____

Grade _____

Age _____

I want to be in this class because _____

My Favorite Book is _____ because _____

My Favorite Movie is _____ because _____

My Favorite Play is _____ because _____

Have you been in a play or show before? _____

Do You sing? _____ Favorite song _____

Do you dance? _____ Favorite dance _____

Play a musical instrument? _____ Favorite _____

My hero/heroine is _____ because _____

When I grow up, I would like to be _____

because _____

I wish I had a dozen _____

because _____

If I were 12 (again) I would _____

My parent/guardian _____

(print names) _____ would like me to be in this program because _____

_____ signed _____

parent _____ e-mail _____

signed _____

student _____ e-mail _____