



CPOS Children's Summer Workshop

2024

Student's Name _____

Grade Going into for 2024-25 School Year _____

T-shirt Size (circle one) Youth S Youth M Youth L Adult S Adult Med Adult L Adult XL

Skin Tone for Make-Up Kit (circle one) Fair/Olive Fair Medium Dark/Dark

Address _____

Parents/Guardians Names & Phone Numbers

1) _____

2) _____

Dietary Restrictions (for snacks) _____

Medical Info Staff Should Know _____

Student's Previous Theater Experience (acting, singing, dancing, stage crew, make up, tech, etc.)

Please Rate the Following 1 = I totally want to do this! 2 = I am willing to try. 3 = Do I have to?

___ Sing with entire company ___ Sing with a couple people ___ Sing a solo

___ Act with a few lines ___ Act in a supporting role ___ Act in a Leading Role

___ Dance with entire company ___ Dance feature ___ Dance captain

___ Set Construction ___ Props (Collecting/Making) ___ Backstage crew

Return this form and the registration fee (\$200 per student/\$50 discount for Players' family or patron membership) to Community Players/Rusty Mumford, 539 E. Lincoln Avenue, Salisbury, MD, 21804-6627.