



Actor's  
Playground  
Registration  
Form

Student's Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Name of Class: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

1<sup>st</sup> Phone #: \_\_\_\_\_ 2<sup>nd</sup> Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Payment: Check  or Credit Card  Amount due: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Verification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Any special needs/requests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Fill out & mail with payment to:

**Town Hall Arts Center**  
**2450 West Main Street**  
**Littleton, CO 80120**  
Phone: **303-794-2787 x 217**  
Fax: **303-794-6580**

To register electronically, e-mail  
Seth Maisel, Education Director:  
**[smaisel@townhallartscenter.org](mailto:smaisel@townhallartscenter.org)**