

Voorhees Theatre Company  
P.O. Box 1254  
Voorhees, NJ 08043  
856-795-5566, ext. 5821  
[www.voorheestheatre.org](http://www.voorheestheatre.org)

## 24-Hour Theatre Registration Form

Friday, April 20, 2012, 7:00 to 9 p.m.; Saturday, April 21, 9 a.m. to 9 p.m.

Osage Elementary School, 112 Somerdale Rd., Voorhees, NJ 08043 (Across from Voorhees Town Center)

I want to participate as (rank by choice)      Writer      Director      Actor      \_\_\_\_\_

Choices will be honored on a first-come, first-serve basis. (Maximum of 4 or 5 each of writers and directors. No limit to performers) **NOTE:** You do **NOT** have to live in Voorhees or be a member of VTC to participate.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

E-mail (actor) Please print carefully: \_\_\_\_\_@\_\_\_\_\_

E-mail (Parent) please print carefully: \_\_\_\_\_@\_\_\_\_\_

Do we have permission to add your email address to our theatre company email list in order to send you information about future VTC programs?

yes      no      \_\_\_\_\_  
parent signature

I heard about VTC's 24-hour theatre program from:      friend      flyer      school      \_\_\_\_\_  
ad      other: \_\_\_\_\_

If friend, who? \_\_\_\_\_

## Emergency Information

The Voorhees Theatre Company will always strive to maintain a safe environment where those involved are free from injury. However, there is always the possibility of an emergency. Please complete the following information for us to keep on file in the (unlikely) event of an emergency.

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's address (if different from above): \_\_\_\_\_

Father's address (if different from above): \_\_\_\_\_

Mother's cell phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Child's medical concerns or allergies (be specific): \_\_\_\_\_

Emergency contact other than parents (please list first and last name, home, work, and cell phone numbers):

*In the event that I cannot be reached to make arrangements for emergency medical care for my child, I grant permission to the Voorhees Theatre Company and any staff, employee, and/or volunteer of said company to take my child and provide my child with transportation to the nearest hospital for medical treatment for any accident or illness as deemed necessary by the staff, employee, or volunteer of the Voorhees Theatre Company. I accept liability for all medical treatment, emergency treatment, and ambulance expenses.*

Signature:

\_\_\_\_\_  
(signature of parent or guardian)

\_\_\_\_\_  
(date)

### PARENTAL PERMISSION FOR PUBLICITY AND PHOTOGRAPHY

VTC may use cast or specific person photographs in its publicity, including postings on the website. By signing below, you as a parent allow Voorhees Theatre Company complete permission to use these photos and to include your child's name in any or all publicity photos.

X \_\_\_\_\_

Please print name here \_\_\_\_\_

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENTAL PERMISSION TO ALLOW YOUR CHILD TO RIDE IN A CAR WITH A STUDENT THAT DRIVES OR AN ADULT. THIS IS NECESSARY FOR THE PROP RUN. THIS WILL BE SUPERVISED BY A VTC BOARD MEMBER AND EACH STUDENT WILL BE SIGNED OUT AND IN.

X \_\_\_\_\_

You must bring your own lunch. Dinner will be provided.

This form must be received by **April 18th**, with \$24 for registration, payable to VTC. *Mail to* Rachel Horner, 5 Whyte Court, Voorhees, NJ 08043

If you have any questions, contact Rachel at [rachel\\_kathleen@comcast.net](mailto:rachel_kathleen@comcast.net)