

WORKSHOP REGISTRATION

Workshop name	Tuition	Start Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: _____

Student Name _____ Age and Birth date _____

Parents Name _____

Address _____ Phone Numbers _____

Email _____

Method of payment:

- Cash Check
- Master Card Visa
- Discover Am. Express

Please make checks payable to
Albuquerque Little Theater
Send to:
ALT WORKSHOPS
224 San Pasquale Ave SW
Albuquerque, NM 87104
Fax: 843-9489

Credit Card Number _____ Expiration Date _____

Signature _____

REGISTER NOW!
242-4750