



**THE LYRIC LEAGUE
YOUTH ARTS CELEBRATION 2017
REGISTRATION FORM**

Please Note: All Participants must complete a Registration Form. Participants 18 and under must also have the Parental Consent/Release form signed by a legal guardian.

PARTICIPANT NAME: _____

GUARDIAN NAME: _____ **GUARDIAN PHONE:** _____

GUARDIAN EMAIL: _____

MAILING ADDRESS: _____

PARTICIPANT INFORMATION:

AGE: ____ **SCHOOL:** _____ **SCHOOL GRADE:** ____

TITLE OF ACT: _____

TYPE OF ACT: _____

IF ENSEMBLE ACT, LIST NAMES OF OTHER PARTICIPANTS:

**Email completed registration form and signed parental consent/release form to
Karin@LyricTheatre.com**