



Winter 2026 Registration Form

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|--|---|
| <input type="checkbox"/> Musical Theatre | <input type="checkbox"/> Beginner Acting |
| <input type="checkbox"/> Acting the Song | <input type="checkbox"/> Intermediate Acting |
| <input type="checkbox"/> Intro to Theatre Dance | <input type="checkbox"/> Music Games |
| <input type="checkbox"/> Intermediate/Advanced Tap | |
| <input type="checkbox"/> Monogloues | <input type="checkbox"/> Beginner/Advanced Beginner Tap |

Student Name _____

Student Grade _____

Student Email _____

Student Date of Birth _____

Parent/Guardian Name _____

Parent/Guardian Phone Number _____

Parent/Guardian Email Address _____

Allergies/Medications we should be aware of _____

Accommodations _____

Photo Permission: **Yes**/N -

Emergency Contact (non parent, name and phone number) _____

Total Amount being Paid: _____

Please make check payable to Next Generation Theatre Foundation and mail to NextGen Theatre, 4040 Yorktown Dr, Upper Chichester PA 19061