



Rainbow Youth Theatre Society
Family Membership Application

RYT use only:

- Membership paid
- Cash
- Cheque # _____

Date: _____

Family Surname: _____
(if there is more than one surname in your family, this is the surname that you would like to use for registration purposes)

Family Members: Parent/designate: _____
(first and surnames) Parent/designate: _____

| Children: | Age: |
|-----------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Street Address: _____
Street City Prov Postal Code

Mailing Address: _____
(if different from street address)

Home Phone: _____ **Parent cell:** _____ **Parent cell:** _____

E-mail address(es): _____

I have read the rules and guidelines of membership and will review them with my children: _____
initials