



Mid Michigan Family Theatre Class Registration Form

(please download this form, fill it out, and mail to the theatre office)

Student's name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Home phone \_\_\_\_\_ other phone \_\_\_\_\_

Grade in School \_\_\_\_\_ Name of School \_\_\_\_\_

Date of birth \_\_\_\_\_ Parent / Guardian name \_\_\_\_\_

Email contact \_\_\_\_\_

Class \_\_\_\_\_ Term \_\_\_\_\_ Tuition \_\_\_\_\_

Class \_\_\_\_\_ Term \_\_\_\_\_ Tuition \_\_\_\_\_

Total Tuition \_\_\_\_\_

Please make check payable to MMFT

Please send registration form and check to following:

MMFT  
2090 Lac Du Mont Drive  
Haslett, MI 48840

How did you hear about this class? \_\_\_\_\_  
\_\_\_\_\_

Thank you for your enrollment. You will receive confirmation for us soon.