



Northport - E. Northport Community Theater

THEATER COSTUME WORKSHOP APPLICATION

**Tuesday, March 15, 2011 – Thursday, April 28, 2011
(6 Week Session)**

Laurel Avenue School, Laurel Avenue, Northport

NAME _____

ADDRESS _____

PHONE _____ CELL _____

E-MAIL _____

EMERGENCY CONTACT AND PHONE _____

AGE _____ GRADE (Sept., 2010) _____

PARENTS' NAMES _____

Please check which session or sessions you are interested in attending

Tuesday: 5 – 6:30 _____

Thursday: 5 – 6:30 _____

One (1) Class per week: \$ 150.00 for the 6 week session

**Enclose check or charge and send to: Northport – E. Northport Community Theater
P. O. Box 572
Northport, NY 11768**

CHARGE: Visa _____ Card # _____

Master Card _____ Expiration Date _____

FULL NAME AND FULL ADDRESS (As it appears on credit card)

*P.O. Box 572, Northport, New York 11768
(631) 896-5970 bdsilver@optonline.net
www.northportcommunitytheater.org*