

Steve Spilinek Memorial Fund Application

Office Use: Received
Date: _____
By: _____

To register by mail, please complete and send to:
Boxcar Youth Theatre company
1608 Crestmoor Drive
Hastings, NE 68901

Please use one form per applicant. Application cannot be made by phone.

Scholarships are available for all programming.

Please check our website for all available youth programs: www.boxcaryouththeatrecompany.com

Student Information

Name		
Birthdate	Gender	
School	Grade	
Parent or guardian name		
Address		
City/State/Zip		
Phone (home)	(work)	(cell)
E-mail address		
Emergency contact (outside of household)		
Emergency contact phone		
(home)	(work)	(cell)

Class/workshop information — List your first three choices for camps here.
--

Class title	Time & day	Start date	Fee
1.			\$
2.			\$
3.			\$

Medical information

Please use the space below to list any medical conditions, prescriptions, allergies or special needs. Medical information provided will only be shared with staff as necessary.

