

S.T.A.R.S. Registration Form

Child's Name _____ Age _____

Parent's Name _____

Address _____

Email _____ Home Phone # _____ Cell Phone # _____

Allergies/Medical Conditions _____

Emergency Contact Information

Name _____ Phone # _____

Class Selections

Please fill out and return to:
Surflight Theatre (attn: Erin)
Engleside and Beach Avenues
Beach Haven, NJ 08008
www.surflight.org