## Wizard of Oz Munchkin Registration Form

## **Contact Information:** Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent/Guardian Name(s): Parent/Guardian Contact Email: Parent/Guardian Contact Phone: \_\_\_\_\_\_ Other Time Commitments: Please list any time commitments (sports, clubs, church, family, etc.) that could conflict with practice schedule (3:30 to 4:30pm or 5:00-7:00pm). Availability may be a factor in casting decisions. **Allergies or Other Health Concerns:** Parent Permission: I hereby give my son or daughter, \_\_\_\_\_, permission to participate during after school hours in Seattle Lutheran's spring drama production. I understand the necessary time commitments and will help my student manage his/her time to allow for this added commitment. I also understand that my child may need to furnish appropriate costumes for his/her character. Signed: \_\_\_\_\_ Date: \_\_\_\_\_