



845 Fisgard St., Victoria, B.C. V8W 1R9
 Phone (Office): 250-386-8593
 Email: katerubin@telus.net
 www.katerubintheatre.com

Please print this form and mail to address at bottom of page.

REGISTRATION FORM

If student is a child or teen:

Student Name _____ Date of Birth _____

Parent Names _____

If an adult: Name _____

▶ Address _____ Postal Code _____

Phone (home) _____ (work) _____ (cell) _____

(other) _____ Email _____

▶ Previous Dramatic Experience (classes, workshops, film, stage) _____

▶ Other Skills and Interests _____

▶ Class or Workshop Name _____

Class Fee _____ Payment Method: Full Post-dated Cheque(s)

▶ I understand and agree that Kate Rubin Theatre & Drama Studio, its representatives and employees will not be responsible for any liabilities in connection, actual or implied, with the use of facilities, and/or taking of classes, rehearsals, performances or any other related activity.

Signed by (please print): _____ Signature _____

Date _____

MAIL FORM AND FULL AMOUNT TO: KATE RUBIN, 562 VINCENT AVE., VICTORIA, B.C. V9A 2G9