

virtual master class participant form

participant name (plea	ise print)		
participant age			grade (fall of 2020)
participant phone			participant email
date of session			time of session
participant focus:	ACTING	SINGING	MUSICAL THEATRE
What does the participe	ant hope to get out	of the master class	Ś
parent/guardian name	(please print)		
parent/guardian phone			parent/guardian email