



# Registration Form for Missoula Children's Theatre

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*Child's Name (print)*

*Birth Date*

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*Grade Entering in the Fall*

*Age*

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*Guardian's Name (print)*

*Phone*

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*Street Address*

*City*

*State*

*Zip*

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*Parent or Guardian's Signature*

*Today's Date*

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Signing this form authorizes and permits **The Midland Theatre** and its affiliates to take, obtain, and make use of photographs, images and audio of your child or children. It is understood that copies of such photographs, images and audio may be made available for publications, advertisements, website and other promotional purposes at the discretion of The Midland Theatre, without compensation to us.

Check here to give **The Midland Theatre** permission for potential use of images of your child for marketing and program grant purposes.

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*Please return your completed registration form to the box office  
located at 36 North Park Place, Newark, Ohio 43055  
or email to [ticketagent1@midlandtheatre.org](mailto:ticketagent1@midlandtheatre.org)*