

**To Register print and mail the following form:**

Name:	
Address:	
Age (if under 18):	
Parents name (if under 18:)	
Phone numbers:	
Please circle section choice	Section A: <i>16 years and older</i> Section B: <i>10 to 15 years of age</i>

For prepaid registration, mail this form and your check for \$5 to:  
**Pella Shakespeare Stage Combat**  
1105 Hazel St, Pella, IA 50219

*Don't delay! We must receive the check by Friday, March 28 to ensure your registration!*