



2010 Culture Club Registration Form

Participant's Name _____

Parents/Caregivers Name _____

Address _____

Phone (Home) _____ (cell) _____

Email address _____

Emergency Name/Phone Number _____

General Information about Participant's Abilities/Need for Assistance (wheelchairs, hearing devices etc for theater performances)

Where did you hear about Culture Club: _____

Enclosed Registration Fee: _____ (\$200)

For Scholarship information please contact
mary@highlandfriendshipclub.org or 651-278-5732

1/2 down is needed by April 9th

Mondays at the St Paul JCC--1375 St Paul Ave

Circle one of the times that work best for you 4:30pm - 6pm 6:30pm - 8pm Either work fine for me

Sunday events will generally be held on Sunday afternoons at locations in the St. Paul area. Participants will be notified of the Sunday schedule of event by April 9th.

Photo Release

For Upstream Arts, the Jewish Community Center of St Paul and the Highland Friendship Club.

- I give permission for the participant listed below to be photographed/video recorded & permission to have the Participant's name used with the photo
- I give permission for the participant to be photographed/video recorded but **do not** for the participant's name to be used.
- I do not want the participant's photo or name used in any publication

Participant's Name: _____

Parent/Guardian Signature: _____

Date _____

Mail: registration form and Photo Release Form to Highland Friendship Club, P.O. Box 16437, Saint Paul, MN 55116 or email to astedman@highlandfriendshipclub.org

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