



Theatre On The Fly II

(pre-event registration form)



Name: _____

Address: _____

Phone: _____

Email: _____

Please, place an X in the box that applies to your registration

I would like to register to attend the performances, the brunch *and to audition for a role in one of the readings. (must be at least 16 years of age).* - \$25

I do not want to audition but, would like to register to attend the shows and the brunch. - \$25

I only wish to attend the performances and *not* the brunch. - \$15

This registration must be received by Aug. 15th to receive the above prices.

Please, print this form, fill it out and with the appropriate amount in a check or money order made out to MoACT, send to:

**MoACT
c/o Regina Divine
812 Oregon St.
Jefferson City, MO. 65109**