

S.T.A.R.S. Registration Form

Child's Name _____ Age _____

Parent's Name _____

Address _____

City _____ ST _____ ZIP _____

Cell Phone _____ Home Phone _____

Email _____

Allergies / Medical Conditions _____

Emergency Contact Information

Name _____ Relationship _____

Cell Phone _____ Home Phone _____

Class Selections

Please fill out and return to:

Surflight Theatre (Attn: John)
Engleside & Beach Avenues
Beach Haven, NJ 08008
www.surflight.org