

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How many are registering? \_\_\_\_\_ \$100.00 non-refundable per person due with registration

Amount enclosed: \$ \_\_\_\_\_ Tickets are on the Main Floor- Section 4 - Rows K, L, M N O P

Names of all attending in your group (& ages of children): \_\_\_\_\_

(Please mark age if you are bringing a child)

Boarding Choices: Baxter \_\_\_\_\_ Little Falls \_\_\_\_\_ Rice \_\_\_\_\_ Sartell \_\_\_\_\_ St Cloud: \_\_\_\_\_

Special Needs/Requests: \_\_\_\_\_

***Frozen the Musical - Central Minnesota***