

PLAYATHON STUDIO REGISTRATION



Date: _____

Teacher's Name _____

Phone _____ Email _____

Approximate # of students attending _____

Check your preferred day and fill in your preferred time slot. Complete three choices in order of time preference.

Please note that the schedule is completed to maximize the time allotted at the mall, so that all performance venues are in use the majority of the weekend.

			TIME SLOT
1 st		Saturday	
2 nd		Saturday	
3 rd		Saturday	
1 st		Sunday	
2 nd		Sunday	
3 rd		Sunday	

☐ Check this box if you require two separate time slots on EITHER OR BOTH Sat and Sun

Check your choice of venue. Venues at the Lehigh Valley Mall will be assigned on a first come, first served basis. Please note you are not guaranteed your preference as schedules are completed to maximize use of all 3 performance venues.

☐ Main Event Site ☐ Elevator Site ☐ Boscov's – 2nd Floor

Student names will be sent on a separate form.

PLAYATHON COMMITTEE:

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