

2020 GRADUATION REGISTRATION FORM

No Graduate will be registered by phone, US mail, e-Mail, or any other way than a direct face-to-face meeting (Make Sure Everything is Legible; Use back of form if needed)

Name of Graduate _____
(As you want it to appear in the Program in the List of Graduates and in the Biography Title)

Parent(s)' or Guardian(s)' Name(s) _____
(As you want them to appear in the Program in the List of Graduates – Examples are in Sample copies of past graduation programs)

IN ADDITION, YOU MUST FILL OUT THE ATTACHED COPY OF THE DIPLOMA WITH NAMES AS YOU WANT THEM TO APPEAR ON THE ACTUAL DIPLOMA. (Print Legibly!)

Address: _____

Phone: _____ Cell: _____ E-mail: _____

GRADUATION BANQUET & RECEPTION DECORATION & CLEAN-UP VOLUNTEERS

Please list below the name, e-mail, & phone number of the volunteer for decorating, & for reception clean-up.

Reception Decoration: _____

| | | | |
|-----|--------|--------|---------|
| Job | (Name) | E-Mail | (Phone) |
|-----|--------|--------|---------|

Banquet Decoration: _____

| | | | |
|-----|--------|--------|---------|
| Job | (Name) | E-Mail | (Phone) |
|-----|--------|--------|---------|

GRADUATION (Check or Fill-In all that apply)

_____ I will bring a visual display board of the graduate. Size of Gown _____

_____ NO or _____ YES: The graduate wants to speak, sing, play an instrument etc. (5 min. limit).

Send Details: Topic, Speech Outline, Song Title & Author/Composer, Instrument, etc by E-Mail by Feb 15.

Specify Type of performance below : Speech, Vocal, Instrumental, Other (Specify)

(ALL Payments are to be made by Check made out to CSTHEA)

(THEA Membership Must have been established Prior to Dec 31, 2019)

- **Graduation Fee (at Jan 20, 2020 Meeting):** \$180 for THEA Member. \$230 for Non THEA Members.
- **Biographical Sketch** (200-word Max) Due Feb. 16, 2020, (\$25 Fee if Late)
Email to all addresses: editor@csthea.org, janell@bontekoes.com

BANQUET EMCEES (Typically there are two)

_____ I would like to be considered for Emcee _____ I would NOT like to be considered for Emcee

GRADUATION PARTICIPATION AGREEMENT

(Both Parent/Guardian AND Graduate MUST Sign This Form)

I hereby agree that I have read and shall abide by the Rules page and the requirements of the Registration Form, the Graduation Calendar & Schedule page, and the Graduation Information page concerning participation in the CSTHEA Banquet, Graduation, Reception, and related activities. Further, I agree and acknowledge that the failure of the parent(s) or legal guardian(s) or the graduate to abide by these Rules and requirements will result in exclusion of the graduate from participation in all of the aforementioned activities and forfeiture of any and all related fees paid for the same.

Parent or Legal Guardian's Signature

Graduate's Signature

DATE

DATE