



First Name:

Last Name:

Mailing Address Street:

City:

State:

Zip:

Telephone Number:

Email Address:

Name of High School attending:

Describe your contribution to Marblehead Little Theatre

Do you know the College or University will you be attending the fall? If so, fill in.

What is your intended major?

*You can fill in the PDF and e-mail it back to MLT or print out, fill in, take a screen shot and send it to MLT.
Once completed e-mail to info@mltlive.com*