



Juneteenth Legacy Theatre's
JUNETEENTH@APOLLO
Registration Form

Name: _____

Address: _____

Tel: _____

Age: _____ Adult: _____
(If under 18, parent/guardian must sign)

Parent/Guardian Signature: _____

Performance area (circle one):

Acting Dance Musician (own instrument) Poetry Singing

Mail to: JLT/Juneteenth@Apollo, 332 W. Broadway, #613-F, Louisville KY 40202
ATTN: Kristi