**Boston Thamil Association of New England, Inc.**

# Kalai Vizha August 1st 2015

## Program Enrollment Form/Information Sheet

**1. Details of Program Coordinators**

|  |  |  |
| --- | --- | --- |
| Program Coordinator\* | Full Name: | Primary Phone #:  Alternate Contact #:  E-mail: |
| Co-Program Coordinator\* | Full Name: | Primary Phone #:  Alternate Contact #:  E-mail: |
| Choreographer | Full Name: | |

\* Coordinators and participants preferably must be BTA Members for 2014/2015. Note: BTA Members will be given first preference and Non-Members will be required to pay $20/individual or maximum $50/family.

**2. Program Details**

|  |  |  |
| --- | --- | --- |
| Program Title | |  |
| Program Category (e.g. dance or drama) | |  |
| Estimated duration (e.g. 15 minutes) | |  |
| Estimated stage preparation time | |  |
| Total Number of Kids participating | |  |
| Total Number of Adults participating | |  |
| Special requirements for participation (e.g. limited only to Tamil school kids) | |  |
| Special needs for staging: (e.g. Lighting, Microphones, CD Player) | |  |
| Program Narrative  (Brief description about the program content) |  | |
| Any other information |  | |
| List of Songs that will be used in the program  (*Please attach a sheet if additional space is needed*) | 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

**3. Details of Participants**

**Kids**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Age** | **Gender (M/F)** | **Membership (Yes/No)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |
| 13. |  |  |  |
| 14. |  |  |  |
| 15. |  |  |  |

Continue below if additional space is needed.

**Adults**

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Gender (M/F)** | **Membership (Yes/No)** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |
| 11. |  |  |
| 12. |  |  |
| 13. |  |  |
| 14. |  |  |
| 15. |  |  |

Continue below if additional space is needed.

**(Continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Gender (M/F)** | **Membership (Yes/No)** |
|  |  |  |  |
|  |  |  |  |
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