

**COSTUME DESIGN  
REGISTRATION FORM**

Submit design to [Sherry.Ward@dct.org](mailto:Sherry.Ward@dct.org)  
Or mail to Teen Brain, Dallas Children's Theater  
5938 Skillman, Dallas, TX 75231

**Entries due January 5, 2014**  
Winners announced January 9, 2014!

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School: \_\_\_\_\_

Grade (7 and up only): \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Girl ☐ Boy Birth Date: \_\_\_\_\_

Costume Design Title: \_\_\_\_\_

How does this design reflect today's teen?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent 1 Additional Phone: \_\_\_\_\_

Parent 2 Additional Phone: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

Please initial by the statements below:

\_\_\_\_\_ DCT has the right to use my child's submission and image for media.

\_\_\_\_\_ I understand that my child's submission will not be returned.

I hereby grant DALLAS CHILDREN'S THEATER the irrevocable and unrestricted right to use and publish my child's submission, as well as photographs and video of my child in which he/she may be included for DCT publications, electronic reproductions (web sites) and/or promotional materials or any other purpose and in any manner or medium. In addition, I grant my permission to alter the same without restriction; and to copyright the same. I hereby release the photographer, videographer and DCT from all claims and liability. I understand that I will receive no payment for my child's participation in this contest and subsequent activities related to it. I understand that my child's submission will not be returned to me.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scripts of *Teen Brain* are available at the DCT Box Office to check out and read at the theater.