



Thespian Replacement Card and Certificate Order Form

Type or print legibly. Black ink only.

Troupe number School name

Troupe director: Prefix First name M.I. Last name

School address

City St./Pr. Zip or postal code

Country School phone

Preferred troupe email required (monitored regularly by troupe director)

If an inductee's original credentials included errors, the troupe director should correct those errors in the student's profile by logging in to their Personal Snapshot at myedta.schooltheatre.org and updating the troupe roster with the correct information. Then, note the member ID and write the corrected spelling in the form below. An Online Membership Portal user guide and instructional videos are available via our website schooltheatre.org should you need help. Also use this form if an inductee's certificate and/or card are lost or damaged. The order will not be accepted if an individual has not been previously registered with EdTA. Replacement credentials will be mailed to the troupe director. Please allow three to four weeks for processing. Fees are subject to change and are non-refundable.

Student's Name		Graduation Year	Member ID Number	Certificate	Card
1. First <input type="text"/>	Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. First <input type="text"/>	Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. First <input type="text"/>	Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. First <input type="text"/>	Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. First <input type="text"/>	Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. First <input type="text"/>	Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. First <input type="text"/>	Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. First <input type="text"/>	Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Number of **Certificates** at \$5.00 each = \$

Number of **Cards** at \$5.00 each = \$

TOTAL = \$

Check or money order enclosed (please submit only one check or money order per school)

School purchase order document enclosed. (P.O. number and administrator's signature required.)

Charge my: Visa MasterCard American Express

Do **NOT** adjust P.O. amount.

Do **NOT** adjust credit card amount.

Name on card

Signature

Credit card billing address

Account number

Expiration date

CID/Card code (Amex 4-digits; all others 3)