

CONTAGIOUS DRAMA WORKSHOP

REGISTRATION AGREEMENT-Teens

Wednesdays 6:15-7:45

Student Information:

Name: _____ D.O.B. _____

Address: _____ Town: _____ Zip Code: _____

Father/Mother Name: _____ Phone: _____

Cell: _____ Email: _____

Emergency Contact:

Name _____ Relation: _____

Phone: _____ Cell: _____

Class you are registering for: _____

How did you hear about Contagious Drama Workshop? _____

Agreement:

I hereby enroll my child, _____ into the Contagious Drama Workshop for the period of 9/19/12-12/19/12 . (No class on 9/26. Additional rehearsals will be held the first 2 weeks in January.) I understand that the registration fee of \$390 is for the entire session and is non-refundable. There will be no make up classes for individual students; missed classes will not be credited.

I hereby release The Contagious Drama Workshop and its staff from any and all legal liability and medical cost incurred in the course of instruction.

I have read the above Agreement and accept these terms.

Signature: _____ Date: _____

Please mail this registration form with payment to:

Beth Painter/Contagious Drama Workshop
113 Washington Street Westfield, NJ 07090

If you have any questions or need additional information, please contact
Beth Painter - contagiousdrama@yahoo.com

