



*The Contagious Drama Workshop*

**Registration Agreement**

Student Information:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father/Mother Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ email \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Class you are registering for \_\_\_\_\_

How did you hear of Contagious Drama Workshop? \_\_\_\_\_

Agreement:

I hereby enroll my child, \_\_\_\_\_ into The Contagious Drama Workshop for the period of 1/23/08 to 4/17/08 (*no classes 3/26, or 3/27*). I understand that the registration fee of \$240 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

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*If you have any questions or need additional information, please email:  
Beth Painter [contagiousdrama@yahoo.com](mailto:contagiousdrama@yahoo.com)*