

CONTAGIOUS DRAMA WORKSHOP
REGISTRATION AGREEMENT

Teen class

Student Information:

Name: _____ D.O.B. _____
Address: _____ Town: _____ Zip Code: _____
Father/Mother Name: _____ Phone: _____
Cell: _____ Email: _____

Emergency Contact:

Name _____ Relation: _____
Phone: _____ Cell: _____

Registering for: _____

How did you hear about Contagious Drama Workshop? _____

Agreement:

I hereby enroll my child, _____ into the Contagious Drama Workshop for the 6 week period of 5/11/21-6/14/21. I understand that the registration fee of \$180 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