

Movie Makers Spring 2017 Registration



Participant's name: _____ Age: _____ Birthdate: ____/____/____

Names of parents or legal guardian: _____

Primary Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Please list ANY medical conditions, food allergies or special needs: _____

One emergency contact available by phone during class hours: _____

Relationship to student: _____ Phone: _____

Please check below the class(es) in which you are enrolling:

12 WEEK Movie Making Classes and Movie Premiere:

Wednesdays, 4:00pm - 6:00pm (ages 6-12; Begins Jan. 25th; cost: \$375) _____

Acting Classes:

Intermediate/Advanced with SHOWCASE: Saturdays, 2:30 - 5:30pm (ages 12-17. Begins Jan. 28th; Cost \$375) _____

Master Acting Class: Saturdays, 10:00am - 2:00pm (ages 15 - 21; **Requires audition**; Begins Jan. 28th; \$475) _____

Please initial all of the following:

I am enclosing a nonrefundable deposit check (made out to Movie Makers) of \$75 per class _____

(For the Acting Master Class, the nonrefundable deposit is \$225)

I will bring the balance of class fee on the first day of class _____

I have disclosed any medical conditions/special needs _____

Please fill out this registration form, and send it, along with your deposit check made out to MOVIE MAKERS (we can't accept credit cards) to the address at the bottom of the page.