Movie Makers Winter/Spring 2016 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 27; cost: \$375)				
Acting Classes: 6 week Acting FUNdamentals; Tue, 4 12 week Beginning Acting Class: We 12 week Intermediate/Advanced wi Master Class w/PRODUCTION: Satur	d, 6:30pm - 8:30pm (ages th SHOWCASE: Sat, 2:30	s 11-16. Begins Jan - 5:30pm (ages 12-	27; Cost \$300) _ 17. Begins Jan 30	Oth; Cost \$375)
Please initial all of the follow I am enclosing a nonrefundable de (For the Acting Master Class, th I will bring the balance of class fee I have disclosed any medical conditions	posit check (made out to ne nonrefundable deposit on the first day of class	·	\$75 per class	

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.