

Registration Form – Adult Ensemble 2011/2012

(please complete both sides of this form)

Student's Name _____ Age: _____ Gender: M / F

Address: _____ Date of Birth ____/____/____
dd mm yyyy

City: _____ Province: _____ Postal Code: _____

Phone: (home) _____ (work) _____ (cell) _____

Emergency Contact: _____

Emergency Contact Phone: (home) _____ (work) _____ (cell) _____

Medical conditions/allergies: _____

Medicare Number: _____ Medicare Expiry Date: _____

v	PROGRAM	DATES	DURATION	DAY	TIME	COST
	Module 1: Intro to Improvisation	18 Sep – 9 Oct	4 weeks	Sun	6:30-8:30pm	\$113
	Module 2: Essentials of Acting	23 Oct – 13 Nov	4 weeks	Sun	6:30-8:30pm	\$113
	Module 3: Ensemble's Choice*	8 Jan – 29 Jan	4 weeks	Sun	6:30-8:30pm	\$113
	Module 4: Movement	5 Feb – 26 Feb	4 weeks	Sun	6:30-8:30pm	\$113
	Module 5: Musical Theatre	11 Mar – 1 Apr	4 weeks	Sun	6:30-8:30pm	\$113

All fees include HST

***What I would be interested in for Module 3: Ensemble's Choice:**

Method of Payment:

Cash Cheque Mastercard VISA

Amount Paid: _____ Date Paid: _____

Payment must be received in full by the first class of each module. Postdated cheques or pre-authorized credit card slips will be accepted as part of the payment in full.

I give permission for group photos of me in rehearsal or performance to be used for marketing purposes only.
Please Note: you will be contacted for further permission should we wish to use an individual photo of you.

Signature: _____ Date: _____

