

Movie Makers Spring 2012 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: _____

Where did you hear about Movie Makers? _____

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

Movie Making Classes:

Tuesdays, 4:30pm - 6:30pm (ages 10-15. 12 weeks; begins Jan 31; full cost: \$300 before Jan10; \$325 after) _____

Wednesdays, 4:00pm - 6:00pm (Ages 6-12. 12 weeks; begins Feb 1; full cost: \$300 before Jan10; \$325 after) _____

Acting Classes:

Beg/Intermediate II: Wed, 6:30pm - 8:30pm (ages 11-16. Begins Feb 1; full cost: \$250 before Jan10; \$275 after) _____

Intermediate/Advanced: Sat, 3:00pm - 5:00pm (ages 11-17. Begins Jan 28; full cost \$250 before Jan10; \$275 after) _____

Master Class: Saturdays, 10:00am - 2:00pm (13 –adult; requires audition. Begins Jan 28; full cost \$450) _____

Please initial all of the following:

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

(For acting Master Class, the 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 print out this registration form, and send it, along with your deposit check (we can't accept credit cards) to the address at the bottom of the page.