

REGISTRATION FORM


STUDENT

Name | First _____ | Middle _____ | Last _____
Age _____ | Grade ____ | Date of Birth (mm/dd/yyyy) / / _____ | Gender ____ | Preferred Pronoun ____
Address | Street # _____ | Apt or Unit _____ | Street Name _____ |
City _____ | Province _____ | Country _____ | Postal Code _____
Primary Contact # _____ Secondary Contact # _____ Email _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1
First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relationship _____

Please circle how you heard about Acting for Adults

Website _____ School _____ Word of Mouth _____  Flyer _____ 2018 Social Media _____ Other _____

Terms of Agreement

Payment Options

The program fee is **\$249.99** plus HST which equals **\$282.49**. You can pay by cheque, cash, e-transfer, or credit card.

Cancellation Dates

If cancellation occurs after **November 15th, 2024**, for a valid medical issue or family emergency your fee will refunded in its entirety
initial _____

Photo Release

I hereby give permission to be photographed during the ACTING FOR ADULTS program. I understand the photos will be used to share on our social media channels and website for promotional purposes including flyers, brochures, newspaper and on the internet. I do not expect compensation and that all photos are the property of **RAIL CITY THEATRE**

Permission to use photo | Yes or No _____ Initials _____

Permission to use name along with photo | Yes or No _____ Initials _____

Signature: _____ Date: _____

Printed Name _____