## **Class and Workshop Forms\***

\*Adult Actors, please fill in appropriate lines

Actor's Name:			
Address:			
Phone:	(home)	(	cell)
Email:			
Class Name:			
Day of Week	Time:		
Grade:	Age	_	
(Adults: Age Range y	ou play):	-	
Experience Level: Be	ginner Intermediat	e Advanced	
Parents: (Adult Actor	rs, please fill in appropria	ate information and	sion)
	oviding your actor a safe,		
do not participate in	any dangerous physical a covide me with the follow	ctivities. However, i	-
Parent'sNames:	(home)		
Phones:	(home)	(work)	(cell)
Emergency Contact:( (other than parent) _ Phone:			(cell)
Insurance	(1101116)		(con)
	PolicyNu	mher•	
	erns or Allergies (Food, N		
seek medical assistance Theatre Charlotte, and My child (or I, if Adult A Theatre Charlotte or M	y contact cannot be reached e for my child or myself. I a Myers Park Baptist Church Actor) agree to exercise care yers Park Baptist Church fo his/her/my negligence.	gree to hold Helen Ke * harmless for person e in the facility and I a	arney Konen , al illness or injury. gree to reimburse

TO REGISTER: Please send this form with a non-refundable (but applied to total tuition\*) deposit of \$75 in personal check\* or money order made payable to Helen Kearney Konen.

- \* Returned checks charged \$25
- \*You pay balance of tuition on the first day/night of class, unless you have requested to pay in two installments.

Please send to : Helen Kearney Konen 2936 Saintfield Place Charlotte, NC 28270

You will receive an email confirmation upon receipt of your registration.

Questions? Please call 704 540-7781

Thank you.