



## 2008-2009 Theatre Education Classes Registration Form

Note: One registration form per student. Registration must be accompanied by payment at the time of enrollment.

**STEP I:** Please print clearly as you complete the following information:

### Address and Contact information FOR STUDENTS 17 AND UNDER:

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Birthdate: (mm/dd/yy) \_\_\_\_\_ Age: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

Parent/ Guardian's Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Parent/ Guardian's Daytime Phone: \_\_\_\_\_

Parent/ Guardian's Cell Phone: \_\_\_\_\_

Parent/ Guardian's E-mail address: \_\_\_\_\_

Parent/ Guardian's Signature (required): \_\_\_\_\_

### Address and Contact Information for ADULT STUDENTS:

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**STEP 2:** Please review the list of classes and check the box(es) in front of each class session desired

- Adventures In Theatre - 5-8 yr. olds: Session III \$ 60
- Adventures In Theatre - 9-12 yr. olds: Session III \$ 65
  
- Adventures In Theatre - 5-8 yr. olds: Session IV \$ 60
- Adventures In Theatre - 9-12 yr. olds: Session IV \$ 65
  
- Adventures In Theatre - 5-8 yr. olds: Session V \$ 60
- Adventures In Theatre - 9-12 yr. olds: Session V \$ 65
  
- LOL Comedy Shop - age 16 and up: \$150
- Secrets of Acting Shakespeare - age 16 and up: \$150
- Actor's Training III: Scenework - age 16 and up: \$150

Enter the Total Fee amount here \$ \_\_\_\_\_  
Subtract 10% Discount\* \$ \_\_\_\_\_  
Total Due \$ \_\_\_\_\_

\* Discount for 1) registering for two or more classes, or 2) Registering with a friend - both forms must be sent together. No double discounts apply. Scholarships not available on discounted registrations.

**Note:** Full payment is due before the first day of each class, and NO REFUNDS will be given after the first class.

**STEP 3:** Please indicate payment method below:

- Check enclosed made payable to The Human Race Theatre Company
- Charge to my  Visa  MasterCard

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature (required): \_\_\_\_\_

Mail this completed form with payment information to:

Theatre Education Classes  
The Human Race Theatre Company  
126 N. Main Street, Suite 300  
Dayton, Ohio 45402-1710

