

Registration Form

Student's Name

Age

Sex

Parent's/Guardian's Name

Address

City/State/Zip Code

PHONE #'s TO BE CONTACTED FOR CLASS SCHEDULE & TIME:

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1st Contact #

EMAIL – Only Regularly Checked Email

Check Box for FREE T-Shirt & Circle Size SML – MED - LRG

[To qualify for FREE T-shirt pymt. must be made in cash by 12/16]

Check Box for \$20 T-Shirt & Circle Size SML – MED - LRG

TRK 1 TRK 2 TRK 3 ACTING ONLY ACT /DANCE

CIRCLE Track/Level You THINK You Should Attend &/or ACTING Option

PLEASE CHOOSE ONLY ONE FROM THE FOLLOWING OPTIONS:

Reserve 1 spot in the DANCE WORKSHOP. Enclosed is my check/money order for \$200. Notify me if my selected Track # & Attendance Time should change so I may be more appropriately challenged.

Reserve me & my SIBLING 2 spots in the DANCE WORKSHOP. Enclosed is my check/money order for \$375. Notify me if my selected Track # & Attendance Time should change so I may be more appropriately challenged.

Reserve me 1 spot in the ACTING WORKSHOP only. Enclosed is my check/money order for \$175. NO SIBLING DISCOUNT

Reserve me 1 spot in the DANCE & ACTING WORKSHOP. Enclosed is my check/money order for \$300. Please notify me if my selected Track # & Attendance Time should change so I may be more appropriately challenged.

Reserve me & my SIBLING 2 spots in the DANCE & ACTING WORKSHOP. Enclosed is my check/money order for \$575. Please notify us if our Track #s & Attendance Times change so I may be more appropriately challenged.

Make Checks or Money Order Payable To:

MICHAEL BLEVINS

13 West 100th Street #2C

New York, NY 10025

917-816-8352

Please include this completed registration form