



Today's Date: _____

Student

Name: _____

Phone: _____ Cell Phone: _____

Email: _____ Age: _____

Parent(s)/Guardian(s)

Name(s): _____

Day Phone: _____ Cell Phone: _____

Evening Phone: _____

Email: _____

Mailing/Billing: _____

Address

City/State

Zip Code

Check One:

FAC Member \$275

Non-Member \$300 (Contact the FAC Box Office at 719.634.5583 to become a member and get discounts to theatre, classes, and museum exhibits year-round!)

Payment Method:

Credit Card

Check Check Number _____

Please list below any allergies, medical problems, or social circumstances we should be aware of pertaining to the student participating.

I have elected to allow my child to participate in Theatre Journeys and to accept the role(s) he/she is cast in the Theatre Journeys original production. I will encourage my child to do his/her best, and to work through and honor this commitment, acknowledging that no class time will be missed unless cleared in writing by the Instructor.

I understand that as a Class/Workshop Participant, my child is not entitled to payment for services, employee benefits or workman's compensation in the event of accident or injury.

I have read and agree to all the attached contracts and policies, and understand that full payment with completed and signed forms is due at time of registration.

 Parent/Guardian (signature)

 Date