



# FLORIDA REPERTORY THEATRE

## Fall Class Enrollment Form

Date Rec'd: / /
Staff: PIF

### STUDENT INFO

First Name		Last Name	
Age	Gender	Grade	School Attending
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

### PARENT INFO

First Name		Last Name	
Street Address		Apt / Suite Number	City, State and Zip
Phone Number	Email Address		

### SESSION 1: Week of 9/26–11/3

<input type="checkbox"/>	Intro to Acting Mondays, 4-5pm; \$90 Ages 4-7	<input type="checkbox"/>	Film Acting 101 Thursdays, 5-7; \$120 Ages 11-17	<input type="checkbox"/>	The Secrets of Auditioning Tuesdays, 5-6:30; \$90 Ages 11-17
<input type="checkbox"/>	Characters for the Stage Mondays, 5-6:30; \$90 Ages 8-12	<input type="checkbox"/>	Film Acting 201 Mondays, 7-9; \$120 Adults & Invited Teens	<input type="checkbox"/>	Help! I Have a Theatre Kid, Part I Saturday, October 22 <sup>nd</sup> , 1-3pm; \$15 Parents Only!
<input type="checkbox"/>	Fun with Shakespeare Wednesdays, 5-6:30; \$90 Ages 13 & Up	<input type="checkbox"/>		<input type="checkbox"/>	Help! I Have a Theatre Kid, Part 2 Saturday, October 29 <sup>th</sup> , 1-3pm; \$15 Parents Only!

### SESSION 2: Week of 11/14–12/22

<input type="checkbox"/>	Creative Characters Mondays, 4- 5pm; \$90 Ages 4-7	<input type="checkbox"/>	Film Acting 102 Thursdays, 5-7; \$120 Ages 11-17* Pre-requisite required	<input type="checkbox"/>	Stylish Performances Mondays AND Wednesdays 5-6:30; \$120 Ages 13-17
<input type="checkbox"/>	Story Magic Mondays, 5-6:30pm; \$90 Ages 8-12	<input type="checkbox"/>	Auditioning for Adults Mondays, 7-9; \$120 Adults & Approved Teens	<input type="checkbox"/>	ACT UP: Creative Concoctions Mondays, 5-6:30pm; \$120 Ages 8-12; For students on the Autism Spectrum
<input type="checkbox"/>	Heroic Acting Tuesdays 6-7:30; \$90 Ages 11–Adult				

TOTAL:	\$ .
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### PAYMENT OPTIONS: Please select one of the following:

1. CREDIT CARD: I authorize Florida Repertory Theatre to charge \$ on the following Card:

VISA     
  MASTERCARD     
  DISCOVER     
  AMEX

Card Number	Expiration Date	CID #	Name, as it appears on Card

2. CHECK/CASH I am enclosing check or cash for \$

3. Please contact me at to discuss payment over the phone or in person.

I give my child permission to fully participate in Florida Rep's Classes. I recognize this program includes, but is not limited to, certain physical activities that may pose some risk of injury. I further understand and agree that Florida Rep is not an insurer nor is responsible for any costs incurred by me or my child arising from activities conducted within the scope of this program.

Parent's Signature	Date
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