LEARNING AT THE LEVOY: SPRING 2019

ADULT REGISTRATION FORM (AGES 14 and up)

(Please print neatly. All sections must be filled out completely and returned to the Levoy Theatre in order to be considered registered.)

Student's Name: _____ Student's Birthdate: _____

Parent/Guardian Name(s) (if under 18): _____

Address: _____

Phone: _____ Email: _____

Please check off all courses you want to register for. All courses run once a week for a 7 weeklong session beginning the week of April 7, 2019. For a complete class schedule, please refer to the calendar attached at the end of this packet.

☐ **Stage Make-up & Design** | John Rattacasa | Tuesdays 8-9:30pm | Begins April 9th | $140*

☐ **Auditioning** | Professional Artists** | Saturdays 11:30am-1pm | Begins April 13th | $140

☐ **MT Styles & Genres** | Walter Webster | Thursdays 6:30-8pm | Begins April 18th | $140

☐ **Acting** | Elisabeth Campbell | Tuesdays 6:30-8:00pm | Begins April 23rd | $140

TOTAL COST: _____

**Please note students taking Stage Make-up & Design will also need to purchase their own Ben Nye Professional Theatrical Make-up Kit ($60 not including shipping & tax). Kits can be found at https://www.stagemakeuponline.com/02-TK/Ben-Nye-Theatrical-Pro-Makeup-Kits.html.*
***Complete instructor listing found on our website at* levoy.net/classes

PAYMENT: A $50 nonrefundable deposit is due upon return of this completed form.

___ Charge my card.

Circle one: Visa Master Card American Express Discover

CC#: _____ Sec. Code: _____ Exp (mm/yyyy): ____/____

___ Check enclosed. ***Please make all checks payable to "Levoy Theatre."***

BALANCE OF TOTAL COST DUE BY STUDENT'S FIRST DAY OF CLASS.

Please return this completed form by mail to: Levoy Theatre, ATTN Theatre Initiative Spring 2019, PO Box 678, Millville, NJ 08332 or deliver in person to our Box Office (open Tuesday-Saturday 10am to 6pm). Do not mail cash.

LEARNING AT THE LEVOY: SPRING 2019

EMERGENCY CONTACT AND MEDICAL EMERGENCY RELEASE FORM

Emergency Contact #1

Name:_____ Relationship to you:_____

Home Phone Number:_____ Cell:_____

Emergency Contact #2

Name:_____ Relationship to you:_____

Home Phone Number:_____ Cell:_____

Confidential Health Information

Do you have any previous or current medical conditions or injuries (e.g. asthma, bad back) that you would like us to be made aware of?_____

_____

_____

_____

_____

_____

Are you allergic to anything? _____

_____

_____

_____

Do you have any dietary restrictions? _____

_____

_____

_____

LEARNING AT THE LEVOY: SPRING 2019

PHOTO RELEASE FORM

I hereby consent to the collection and use of my image by photography or video recording.

I acknowledge these may be used on the Levoy Theatre's website, in newsletters, and publications as well as distributed to members or on social media.

I further acknowledge that my image may be used by the Levoy Theatre Preservation Society to promote the Levoy Theatre in the future.

I understand that no personal information, such as names, will be used in any publications or online mediums unless my express consent is given.

Student's Name: _____

Student's Signature: _____Date: _____

**If Student is under 18:*

I hereby consent to the collection and use of my child's image by photography or video recording.

I acknowledge these may be used on the Levoy Theatre's website, in newsletters, and publications as well as distributed to members or on social media.

I further acknowledge that my child's image may be used by the Levoy Theatre Preservation Society to promote the Levoy Theatre in the future.

I understand that no personal information, such as names, will be used in any publications or online mediums unless my express consent is given.

Parent/ Guardian's Name: _____

Parent/Guardian's Signature: _____Date: _____

ADULT