

KIDZACT TALENT & THE ACTORS AGENCY CLASS REGISTRATION FORM

Please note: Class registration is based on a first come first served basis.
Your registration is not confirmed until payment is received.

Please complete this form and e-mail to kidzact.workshops@gmail.com.

Class you are registering for:

_____ Weekly GROUP classes / 5 week session for ages 6-17 (\$125.00)

_____ Weekly PRIVATE classes (\$45 each) _____ Monthly PRIVATE classes (\$160 / 4 weeks)

_____ Introduction to commercial, film, & television acting class (\$75.00) Date _____

Student's name: _____ Age (if minor): _____

Parent's name (if minor): _____

Parents' telephone numbers (where we can reach you during and after class):

Emergency contact: _____

E-mail address (checked frequently): _____

Any special concerns (medical, allergies, food allergies, etc.) that we need to be aware of:

Payment Method: An invoice and receipt will be provided for all payments. Due to the fact that class space is limited and pre-payment is required to reserve your space, payments are non-refundable. There is a 4% processing fee if paying with credit/debit card or PayPal.

_____ PayPal (We will e-mail you an invoice)

_____ Cash

_____ Credit/Debit Card (We will e-mail you an invoice)

_____ Check