

Dallas Theater
Acting 1 (Intro to Acting) – Ages 13-17

STUDENT INFORMATION			
Actor's Name:	DOB: / /	AGE:	Gender: M F
School and Grade:			
Parent/Guardian Name #1:		Cell:	
Parent/Guardian Name #2:		Cell:	
Email (this will be our main form of communication):			
Address:			
Emergency Contact:		Emergency Phone:	
Allergies/Special Needs (May use back of form if needed):			
Is any other family member (besides above) authorized to drop-off/pick-up your child?		Y	N
If driving age, do you give permission for your child to transport themselves?		Y	N
If yes, you MUST list full name of any adults whom you authorize to pick up your child from class:			

Total Cost: \$150.00 for the 5 week class (10 Classes – We will NOT have class on MLK day 1/15/18)

Deposit Fee: \$50.00 due at time of registration. This deposit is **NON REFUNDABLE** and will hold your child's space. The remaining \$100.00 is due the first day of class.

Signature of Parent/Guardian:

You will receive a packet of information via e-mail regarding drop off/pick up procedures, and other class details/logistics. Please do not hesitate to call if you have any questions (770-445-5180)

EXPERIENCE		
Has your child attended a Dallas Theater Camp or Class? If so, when?:	Y	N
Has your child taken any performing arts classes before? If so, when?:	Y	N
Has your child performed on stage before? If so, when?:	Y	N

Theatre Use Only:

Deposit Amount: _____ Cash or Check # _____ Date Rec'd: _____ Initials: _____

Final Payment Amount: _____ Cash or Check # _____ Date Rec'd: _____ Initials: _____