EDUCATION REGISTRATION FORM



Fall Term 2 2017

PLEASE PRINT Date of registration://							
Student's Name				Age			
Address							
		•		•			
All Parent/Guardian's Email's					-		
CLE DESIRED CLASS		Winter C	Camp	for			
oloration ss that focuses on Storytelling an on	d	Jan I – 5,	2018				
		An amazing and intense week of producing, acting, singing, dancing, playing improvisation games, and					
Time: 4:00 – 5:00pm 1 Tuition: \$130 Dates: Oct	st – 3 rd Grade t 19 – Dec 14	the best educational theatre experiences available.					
Creative Dramatics A 9 week class discovering singing, dancing, and acting *Saturdays Time: 10:00 – 12:00pm 4th – 6 th Grade			If you have any questions on where to place your student contact Amanda or Stephen at: livetheatreworkshop@gmail.com 520-327-0160				
urself learning how to think like an actor	on your feet	*Class total: *I would like	s \$e to make a tax	deductible contribution to LT	W's		
		\$5.00 \$10.0	00 \$20.00 C	Other:\$			
		Total amou	nt enclosed: \$				
		payment inst **Make check	tallments avail: ks payable to Liv students per clas.	able e Theatre Workshop	ograms and		
	Date of registration:// Student's Name/ Darent/Guardian's Name/ Address	CLE DESIRED CLASS Street Class on Storytelling and on Station: \$130 Dates: Oct 17 – Dec 12 Time: 4:00 – 5:00pm 1st – 3rd Grade Tuition: \$130 Dates: Oct 17 – Dec 14 Time: 4:00 – 5:00pm 1st – 3rd Grade Tuition: \$130 Dates: Oct 19 – Dec 14 matics discovering singing, dancing, and acting Time: 10:00 – 12:00pm 4th – 6th Grade Tuition: \$145 Dates: Oct 21 – Dec 16 matics discovering singing dancing and acting Time: 10:00 – 12:00pm 4th – 6th Grade Tuition: \$145 Dates: Oct 21 – Dec 16 matics discovering singing dancing and acting Time: 10:00 – 12:00pm 4th – 6th Grade Tuition: \$145 Dates: Oct 21 – Dec 16 matics discovering singing dancing and acting Time: 10:00 – 12:00pm 4th – 6th Grade Tuition: \$145 Dates: Oct 21 – Dec 16	CLE DESIRED CLASS Coloration Street City Chone (H) CLE DESIRED CLASS Coloration St that focuses on Storytelling and Time: 4:00 - 5:00pm Time:	Parent/Guardian's Name Parent/Guardian's Name Address Street City State Phone (H)	Date of registration:		

OFFICE USE ONLY	. / /		Data Bassinad	1. / /		
Date Received:/			Date Received:/			
By:	Check#	CC or Cash	By:	_ Check#	_ CC or Cash	
Amount:			Amount:			