

# the actor's garage

Registration Form

Please Print Legibly

Date \_\_\_\_\_ Location \_\_\_\_\_

Session \_\_\_\_\_ Class Time \_\_\_\_\_ Class Day \_\_\_\_\_

Student's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
First Last First Last

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Age Group \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
Home Cell Work

Email Address \_\_\_\_\_ Siblings \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Relationship Phone Number

Special Interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

All Classes must be paid in full one week prior to first class

**Please send check or money order to:**

*the actor's garage*

152 Ryder Rd, Manhasst, NY 11030

**Discount**

There is a 10% discount for siblings

**Refund Policy**

Full refund after 1<sup>st</sup> class- no refunds thereafter

**Make-up Policy**

Classes may be made-up in any age appropriate class (space permitting).

Classes will not be pro-rated and cannot be made up in lieu of tuition.

Parents are responsible for the safety of the actor while entering and exiting the building.

For information please call 866-627-7211

[www.theactorsgarage.com](http://www.theactorsgarage.com)•[info@theactorsgarage.com](mailto:info@theactorsgarage.com)