

Date: _____

EmilyAnn Theatre
Drama Class Registration Form

PO BOX 801 Wimberley, TX 78676 • Office Phone (512) 847-6969
info@emilyann.org | www.emilyann.org

Please type or print clearly.

Student's Name _____

Nickname (if any) _____ Age _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Phone _____

Email _____

Parent/Guardian Name _____

Phone _____

Email _____

Authorized Individuals for Pick-up _____

Code of Conduct

I understand that a positive and respectful attitude toward peers and teachers is necessary to maintain a safe and creative learning environment. I agree to be a teachable actor, an encouraging classmate, and to always respect the property and facilities at Emily Ann Theatre and Gardens. I understand that I may be personally responsible for parts of my costume. I understand that the director/teacher will make final choices pertaining to my role. I understand that the class culminates in an interactive theatre performance on November 16th at 4:30pm.

Signature of Student _____

Photo/Video Release. I hereby grant the EmilyAnn Theatre & Gardens, its representatives and employees, the right to take photographs and make video and audio recordings of my child during camp activities and to use, reproduce, and transmit, by any means now known or hereafter devised, my child's image for promoting EmilyAnn Theatre classes, camps and performances. Names of students are not released.

Parent/Guardian Signature: _____ Date: _____

PAYMENT INFORMATION

\$200 per student. \$150 per additional sibling.

Total Paid: _____ Date Paid: _____

Check *(Please make payable to the EmilyAnn Theatre & include student's name on the memo line of the check.)*

Visa MasterCard Discover

Name (as shown on Credit Card): _____

Last 4 digits of credit card _____ *(Full credit card # will be destroyed. Only last 4 digits stay with form)*

Card Number: _____ Expiration: _____

