

ACTING CLASS REGISTRATION FORM

About the Acting Class

Alison Kay Jones (and guests) will teach a 13 week Acting course. Class will focus on several techniques and will touch on the differences between stage and film acting as listed in the syllabus. The class will meet at 151 Martin Luther King Dr. Jersey City, NJ on Fridays from, 5:00-6:30pm. Class starts September 9th, 2019 through December 6th, 2019. The cost is \$35 per class totaling \$455 for the entire course. The course payment recommendation is two installments. The first payment is due on or before December 6th, 2019 and the second by October 14th, 2019. Your first class must be paid for to be considered as a registered participant for the upcoming course. Please fill out registration form and either mail, hand-deliver or pay via UTAP website with the appropriate fees (cash, money order, online payment).

STUDENT INFORMATION

Student's Name	Age range	
Parent/ guardian name(s)		
Mailing Address:	City	, Zip code:
Student's E-mail:		
Parent/Guardian E-mail:		
Mobile Phone Number(s):		
Health issues		
Emergency contact: (in case we are unable	to reach parent/guardian(s))	
Name	Phone number	
PAYMENT (Check one):		
I have included the \$455 course fee	with my registration form	
	included the first payment of \$227.50 and unde	rstand that the second
payment of \$227.50 is due by October 14 th ,		istalia tilat tile secolia
other option:		
CANCELLATION/REFUND POLICY		
•	tht to cancel any class due to insufficient enrollment.	Full refunds are issued for
	effort to notify students of postponements and cano	
· · · · · · · · · · · · · · · · · · ·	subject to change as necessary. If you wish to withdo	
	ductions at least 3 business days before the first class	
weeks to process. Missed classes should be mad	de up prior to the next scheduled class. No refund on	ly class credit for missed classes.
PARENT OR GUARDIAN: PLEASE READ, THE	EN SIGN AND DATE	
·	condition that prohibits full participation in classes at	Uplifted Talent and
	Talent and Productions, and its employees, voluntee	
in connection to any personal injury and/or dan	nage to or loss of personal property while engaged in	class activity or walking to/from
class. In the event of a medical emergency, I gra	ant the staff permission to engage in first aid (if traine	ed) and if necessary to transport
me or have my child transported to the nearest	Emergency Medical facility. My child agrees to exerc	ise care in the facility, and I
_ = · · · · · · · · · · · · · · · · · ·	ions for any personal breakage, damage or loss of pro	
	ees resulting from a check which has been returned b	
	I have read and understand the cancellation/refund p	•
not paid the entire course fee in advance with t attends every session of the class.	his form, I am responsible for the remaining payment	ts, whether or not the student
Signature	Dat	Δ