



**LEARNING AT THE LEVOY: SPRING 2019
ADULT REGISTRATION FORM (AGES 14 and up)**

(Please print neatly. All sections must be filled out completely and returned to the Levoy Theatre in order to be considered registered.)

Student's Name: _____ Student's Birthdate: _____

Parent/Guardian Name(s) (if under 18): _____

Address: _____

Phone: _____ Email: _____

Please check off all courses you want to register for. All courses run once a week for a 7 weeklong session beginning the week of April 7, 2019. For a complete class schedule, please refer to the calendar attached at the end of this packet.

Stage Make-up & Design | John Rattacasa | Tuesdays 8-9:30pm | Begins April 23rd | \$140*

Acting | Elisabeth Campbell | Tuesdays 6:30-8:00pm | Begins April 23rd | \$140

TOTAL COST: _____

**Please note students taking Stage Make-up & Design will also need to purchase their own Ben Nye Professional Theatrical Make-up Kit (\$60 not including shipping & tax). Kits can be found at <https://www.stagemakeuponline.com/02-TK/Ben-Nye-Theatrical-Pro-Makeup-Kits.html>.*

PAYMENT: A \$50 nonrefundable deposit is due upon return of this completed form.

___ **Charge my card.**

Circle one: Visa Master Card American Express Discover

CC#: _____ Sec. Code: _____ Exp (mm/yyyy): ____/____

___ **Check enclosed. Please make all checks payable to "Levoy Theatre."**

BALANCE OF TOTAL COST DUE BY STUDENT'S FIRST DAY OF CLASS.

Please return this completed form by mail to: Levoy Theatre, ATTN Theatre Initiative Spring 2019, PO Box 678, Millville, NJ 08332 or deliver in person to our Box Office (open Tuesday-Saturday 10am to 6pm). Do not mail cash.



**LEARNING AT THE LEVOY: SPRING 2019
EMERGENCY CONTACT AND MEDICAL EMERGENCY RELEASE FORM**

Emergency Contact #1

Name: _____ Relationship to you: _____

Home Phone Number: _____ Cell: _____

Emergency Contact #2

Name: _____ Relationship to you: _____

Home Phone Number: _____ Cell: _____

Confidential Health Information

Do you have any previous or current medical conditions or injuries (e.g. asthma, bad back) that you would like us to be made aware of? _____

Are you allergic to anything? _____

Do you have any dietary restrictions? _____



**LEARNING AT THE LEVOY: SPRING 2019
PHOTO RELEASE FORM**

I hereby consent to the collection and use of my image by photography or video recording.

I acknowledge these may be used on the Levoy Theatre’s website, in newsletters, and publications as well as distributed to members or on social media.

I further acknowledge that my image may be used by the Levoy Theatre Preservation Society to promote the Levoy Theatre in the future.

I understand that no personal information, such as names, will be used in any publications or online mediums unless my express consent is given.

Student’s Name: _____

Student’s Signature: _____ Date: _____

**If Student is under 18:*

I hereby consent to the collection and use of my child’s image by photography or video recording.

I acknowledge these may be used on the Levoy Theatre’s website, in newsletters, and publications as well as distributed to members or on social media.

I further acknowledge that my child’s image may be used by the Levoy Theatre Preservation Society to promote the Levoy Theatre in the future.

I understand that no personal information, such as names, will be used in any publications or online mediums unless my express consent is given.

Parent/ Guardian’s Name: _____

Parent/Guardian’s Signature: _____ Date: _____