



Young Actor's Studio: Adventures in Acting 2009-2010 Registration Form

To register your child for WHBPAC's Young Actor's Studio, please mail this completed form with full tuition (please make checks payable to WHBPAC or give credit card information at the bottom of this form) to:

Arts Education Program
Westhampton Beach Performing Arts Center
76 Main Street
Westhampton Beach, NY 11978
Attn: Cheryl Wheeler

If you are paying by credit card, you may fax this form to 631.288.8519.

Registration

· **WHBPAC Donors have Priority Registration (to become a donor, call 631.288.2350, ext. 121.)**
General Registration is on a first come, first serve basis.

· Once your form is received, you will be contacted for confirmation.

· Classes are capped at 12 students. If the class you have selected is already filled, you will be notified promptly.

· In rare cases, students may be allowed to join classes after the semester has begun – at full tuition only.

Refunds

· **Fees are non-refundable; however, if a class is cancelled because of insufficient enrollment, tuition will be refunded in full.**

· WHBPAC reserves the right to cancel a program for any reason and assumes no liability whatsoever beyond the refund of tuition.

Questions?

Contact Julienne Penza at 631.288.2350, ext.114 or e-mail: julienep@whbpac.org

Office Use Only Date Received: _____ Initial _____

Please indicate which 6 week session(s) you would like to register for:

Adventures in Acting (ages 9 - 11)
Tuesdays, 4 - 5:30 pm, \$165/session

Fall Session: 10/20 - 11/24

Winter Session: 1/26 - 3/9

Spring Session: 4/13 - 5/18

BROADWAY BOUND PACKAGE

When you sign up for **Adventures in Acting** and **Cabaret Choir**, receive a 10% discount off **Adventures in Acting!** To take advantage of this offer, please call Cheryl at 631.288.2350, ext. 102.

Student Information

Name: _____

Age: _____ Grade: _____ M _____ F _____

Parent Information

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Emergency Phone: _____

E-mail: _____

Method of Payment:

Check Credit Card (MasterCard, Visa, or American Express)

Acct. No.: _____

Exp. Date: _____ Tuition Amount: _____

Signature of Cardholder: _____

(Exactly as it appears on card)

Please make a copy of this form for your records.