

# Introduction to Voice

## Registration Form

Grand Theatre, 207 Second Avenue, Elizabeth, PA 15037 412-384-0504

Please press hard-you are making 3 copies

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent Name \_\_\_\_\_

### **PARTICIPATION FEE : \$130.00 FOR EIGHT WEEKS**

Please make checks payable to the **GRAND THEATRE**. NO REFUNDS WILL BE GRANTED AFTER ACCEPTANCE INTO THE PROGRAM. PAYMENT AMOUNT \_\_\_\_\_ CHECK # \_\_\_\_\_

Please select which class you would like to attend- note age requirements

\_\_\_\_\_ **INTRODUCTION TO VOICE- TUESDAY, AUGUST 12-SEPTEMBER 30, 2008**  
**5:15-6:00PM, AGES 8-12**

\_\_\_\_\_ **INTRODUCTION TO VOICE- WEDNESDAY, AUGUST 13-OCTOBER 1, 2008**  
**5:15-6:00PM, AGES 13-18**

### **RELEASE FORM**

I, \_\_\_\_\_ hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, the GRAND THEATRE, its owners and employees, from any and all liabilities, claims, demands, or injury that may be sustained while participating in classes, rehearsals or performances at 207 Second Avenue and 215 Second Avenue ELIZABETH, PA, also known as the **GRAND THEATRE** complex.

Parent (or legal guardian) signature \_\_\_\_\_

Date \_\_\_\_\_ Student's Name \_\_\_\_\_