

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 AFTER THE 2ND WEEK OF CLASSES

PAYMENT AMOUNT _____ CHECK # _____

_____ **INTRODUCTION TO VOICE- WEDNESDAY, OCTOBER 22-DECEMBER 10, 2008**
5:15-6:00PM

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 _____



White Copy- Theatre copy

Yellow Copy-Instructor Copy

Pink Copy-Student Copy