

**Hale Centre Theatre Classes Registration Form - Adult
Fall Winter Spring Sessions**

Class(es) _____

Name _____ **Phone(s)** _____

Address _____

E-mail address _____

T-shirt size (circle one) Child L Adult S M L XL XXL no shirt

Payment: _____ **check enclosed**

Credit Card # _____ **Exp. Date** _____

Authorized Signature _____

Policies

If fewer than the minimum number enroll, the class will be canceled. You will be notified will receive a refund. **NO REFUNDS WILL BE AUTHORIZED AFTER THE FIRST WEEK OF CLASSES.**

I have read and will abide by the above policies. I am aware of the nature and content of the program and assume the risks associated with my participation. I agree not to allege or attempt to impose any liability on HCT in the event of any damage, injury or loss resulting from such participation.

Signature **Date**