

**Hale Centre Theatre 2008 Summer Workshops
Registration Form – 16 years to Adult**

Name _____ Phone(s) _____

Address _____

E-mail address _____

Aug. 2nd, 9th, 16th (times TBA)

_____ **Audition Workshop \$60**

_____ **Voice for Actors Workshop \$60**

_____ **Both Workshops \$100**

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