



Feller Academy Fall Classes

Name _____ M/F _____ Age _____ Birth Date _____

School _____ 17/18 School Grade _____

Parent/Guardian _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Emergency Contact (Other Than Parent) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Payment (circle) **CHECK – VISA – MC – DISCOVER**

Account # _____ Exp. Date _____

Name on Card _____

Authorized Signature _____

Please Select One:

- Theatre I: Bear Necessities (\$150)** Ages 6-8 | Tues. 9/19-10/17 | 6:00 PM – 6:50 PM
- Theatre IB: Bear Necessities (\$150)** Ages 6-8 | Tues. 11/7-12/12 | 6:00 PM – 6:50 PM
- Theatre I: Little Wonders (\$150)** Ages 9-11 | Thurs. 9/21-10/19 | 6:00 PM – 6:50 PM
- Theatre IB: Little Wonders (\$150)** Ages 9-11 | Thurs. 11/9-12/14 | 6:00 PM – 6:50 PM
- Theatre II: Almost There (\$150)** Ages 11-14 | Tues. 9/19-10/17 | 6:00 PM – 7:00 PM
- Theatre II: Almost There B (\$150)** Ages 11-14 | Tues. 11/7-12/12 | 6:00 PM – 7:00 PM
- Theatre II: One Jump Ahead (\$325)** Ages 9-14 | Thurs. 9/21-12/7 | 6:00 PM – 7:00 PM
- Practicum: Santa's Workshop (\$150)** Ages 6 & Up | T/Th 11/7-12/17 | 6:00 PM – 7:00 PM

Enrollment Fee: _____

Suggested Donation Scholarship Fund: \$25.00

TOTAL AMOUNT ENCLOSED: _____

Please Circle One:

Does your student have any allergies? Y N

If so please list

Does your student require any special learning requirements? Y N

If so please

explain _____

Photo opt out: I DO NOT want pictures or video's of my student(s) used for current or future web print promotions.

I/We release the Henegar Center and its representatives from and in connection with any claim brought by anyone arising out my child(ren) attending the Feller Theatre Academy program. I/We further give permission for any medical treatment deemed necessary while said children are under the care of the Henegar Center and its representatives as a participant. If participant is under 18 years of age, please complete the following:

Insurance

Co: _____ Policy: _____

Policy Holder Name and

Number _____

Guardian

Signature _____ Date _____