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DOUG FORDYCE PRODUCTIONS
 2010
KOS ACTING CLASSES
 REGISTRATION FORM

CAMP TITLE	DATES	AGE	TIMES	TUITION	\$FEE
___ INTRO TO ACTING LEVEL I	APRIL 17-MAY 15	6-9	SATURDAYS: 8:30-9:30AM	\$149	
___ INTRO TO ACTING LEVEL II	APRIL 17-MAY 15	10-14	SATURDAYS: 9:45-10:45AM	\$149	
___ INTERMEDIATE ACTING	APRIL 17-MAY 15	11-16	SATURDAYS: 11:00-NOON	\$149	

TOTAL CLASS FEES \$ _____

REGISTRATION INFO:

Student's Name:	Home Phone:	
Address:	Work Phone(s):	
City/State/Zip:	Cell Phone(s):	
Parent(s) Name(s):	Grade this fall ('09):	Age:
Parent(s) E-mail Address:		
Emergency Contact Name (<i>nearest relative or friend</i>):	Emergency Contact Phone:	

PLEASE READ AND SIGN THE FOLLOWING WAIVER:

I agree to release and discharge Doug Fordyce Productions, LLC and its officers, directors, employees, volunteers and agents of and from any claims, demands, or liability of damage arising from the participation of my student in any classes or programs sponsored by Doug Fordyce Productions, LLC. I also give permission to Doug Fordyce Productions, LLC, without limitation or obligation, to photograph or videotape my student in relation to their participation with Doug Fordyce Productions, LLC. Photographs or videotape may be used for archival or promotional purposes. I also agree that there will be no registration refunds after April 10, 2010. Full tuition will be returned if minimum class size is not met.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Mail **Registration** form together with **check made payable to "Doug Fordyce Productions, LLC"** to:
 DFP P.O. Box 224 Stevensville, MI 49127

To Pay by Credit Card:
 (A \$3.00 processing fee will be added to each credit card order)

Name on Card _____ Billing Address if different from registration:
 _____ City _____ ST _____ Zip _____

Visa/MC/Discover# _____ / _____ / _____ Exp. Date _____ / _____

Signature: _____