



Registration Form Fall 2018

today's date		
name	age (if under 18)	
street address		
city	state	zip code
parent's name(s) (if under 18)		
daytime telephone	evening telephone	
cell phone		
e-mail address		
Special requests		

Class fees:

Classes at our Princeton Location

SKIT™ Special Kind of Improvisational Theater

Saturdays 11:30-1:00pm ages 9 – 14 Begins September 15, 2018

Saturdays 4:00-5:30pm ages 15-Adult Begins September 15, 2018

\$350.00

I agree to pay a 25% late fee if payment is not received according to this agreement. I also understand that tuition payments/deposits are non-refundable after the first class but that a credit will be issued

signature _____

Method of payment

If Paying By Credit Card: we accept VISA, MASTER CARD, AMERICAN EXPRESS & DISCOVER

Type of Card: _____

Card Number: _____

Expiration Date: _____

Code#: _____

Name On Card: _____

Billing address: _____

City: _____

State: _____

Zip Code: _____

Amount to be charged: _____ (if down payment only please see below)

Credit Card clients agree to a 2.5% (VISA, Master Card, and Discover) and 3.5% (AMEX) transaction fee

I authorize JW actors studio to charge my credit card (choose by circling one) 2, 3, or 4 payments until total amount for chosen class is met:

Signature: _____

paid in full (amount) _____

\$500.00 deposit _____

personal check # _____

waiver

i certify that i am or my child is in good health and capable of participating in all activities and classes. i hereby release and forever discharge JW actors studio, LLC, of and from any and all claims, demands, rights or cause of action of whatsoever kind or nature, arising from, or by reason of, any and all known or unknown, foreseen or unforeseen bodily or personal injuries and the consequences thereof.

Note:

I understand that due to the nature of Jody Wood's profession there may be occasions where he may be out of town briefly for work. I understand that if this does occur the class will be made up at the earliest possible time or that a viable substitute will run that workshop. I also understand that it may be possible and I give my permission to allow JW actors studio, LLC to post photographs of the classes and workshops on their web site or social network pages.

signature (parent or guardian if under 18)

please bring registration form to first class or mail to:

**JW actors studio, LLC
150 Crusher Rd.
Hopewell, NJ 08525**