

Check one:

Summer 2014 Registration Form

□ July 14-18 (entering 4 th -6 th g	raders) 🛛 July 28-A		
Student Information	Name (first and last):		
Address:			
Entering Grade Level:			
Parent Information			
Parent/Guardian 1: Name	Email		
Phones: Cell	Home	Work	
Parent/Guardian 2: Name	Email		
Phones: Cell	Home	Work	
	· · ·	orized to pick up your student from car ow that they may be asked to show ID.	•
Name	Relationship	Phone(s)	
Name	Relationship	Phone(s)	
Name	Relationship	Phone(s)	
Fees & Payment		FIUIE(5)	

The total cost for *Affinity Performing Arts* Summer Workshop is \$125 per student. We offer a \$25 sibling discount for the second child from the same family. We are also happy to offer scholarships. Please call or email us directly to discuss scholarship options & qualifications. Workshops are limited to 22 participants and enrollment is on a first come, first served basis. Please mail your completed Registration Form and tuition payment by check or money order made payable to Affinity Performing Arts to:

Affinity Performing Arts, 36 Orchard Way, Novato, CA 94947

We will email a Confirmation and Receipt of Payment upon receiving your completed registration. We allow cancellations with full refund up to 30 days prior to your scheduled workshop. No refunds are given for cancellations within 30 days of your scheduled workshop.

Other Important Info

Please list any special circumstances, needs, or medical conditions that we should know about your child.

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How did you hear about Affinity Performing Arts?

Consent

I give my consent for APA to use my child's likeness for any future promotional materials. APA does not, under any circumstances, share this information with third parties.

Check one:

□ AGREE □ DISAGREE

Further, I hereby release Affinity Performing Arts (APA), including their employees and contractors, from all liability in case of accident or injury incurred to the above registered person while participating in this activity. My signature below indicates my understanding and approval of the above policies.

Signature of Parent or Guardian: _____