



# Young Actor's Studio: Master Classes 2009 - 2010 Registration Form

To register your child for WHBPAC's Young Actor's Studio, please mail this completed form with full tuition (please make checks payable to WHBPAC or give credit card information at the bottom of this form) to:

Arts Education Program  
Westhampton Beach Performing Arts Center  
76 Main Street  
Westhampton Beach, NY 11978  
Attn: Cheryl Wheeler

If you are paying by credit card, you may fax this form to 631.288.8519.

### Registration

· **WHBPAC Donors have Priority Registration (to become a donor, call 631.288.2350, ext. 121.)**  
**General Registration is on a first come, first serve basis.**

· Once your form is received, you will be contacted for confirmation.

· In rare cases, students may be allowed to join classes after the semester has begun – at full tuition only.

### Refunds

· **Fees are non-refundable; however, if a class is cancelled because of insufficient enrollment, tuition will be refunded in full.**

· WHBPAC reserves the right to cancel a program for any reason and assumes no liability whatsoever beyond the refund of tuition.

### Questions?

Contact Julienne Penza at 631.288.2350, ext.114 or e-mail: julienep@whbpac.org

<b>Office Use Only</b> Date Received: _____ Initial _____
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**Please indicate which master class(es) you would like to register for:**

- Audition Techniques (ages 11 and up)**  
Saturday, November 7, 10am – 4pm, \$125
- Playwriting (ages 11 and up)**  
Saturday, February 6, 10am – 4pm, \$125
- Musical Theatre Audition (ages 11 and up)**  
Saturday, April 3, 10am – 4pm, \$150

### Student Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

### Parent Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Method of Payment:

- Check  Credit Card (MasterCard, Visa, or American Express)

Acct. No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Tuition Amount: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_  
(Exactly as it appears on card)

**Please make a copy of this form for your records.**