



# Young Actor's Studio: Adventures in Acting 2010 - 2011 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.

· Classes are capped at 12 students. If the class you have selected is already filled, you will be notified promptly.

· 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 session(s) you would like to register for:**

### Adventures in Acting (ages 8 - 11)

Wednesdays, 4 - 5:30 pm

Adventures in Acting I: Scenes, Speeches and Shakespeare!  
10/20 – 12/22 (10 weeks), \$275

Adventures in Acting II: A Taste of Playwriting!  
1/5 – 2/16 (6 weeks), \$165

Adventures in Acting III: Auditions, Improv and Movement!  
3/9 – 5/18 (10 weeks), \$275

### 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: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

(Exactly as it appears on card)

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