

ACTING WORKSHOP with David LeDoux REGISTRATION FORM

Contact Information

NAME

EMAIL ADDRESS

HOME ADDRESS

CITY/STATE/ZIP

PREFERRED PHONE NUMBER

Emergency Information

NAME AND NUMBER to call in case of emergency

Please Specify any medical conditions:

- Medical Allergies
- Food Allergies
- Other (please explain)

List all medications: _____

Student age at time of workshop: _____

Release Forms

EMERGENCY CONSENT:

I understand that participation in acting class involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child's participation in acting classes. I understand that participation is entirely voluntary and requires my child to abide by applicable rules and standards of conduct. I release LDT, all employees, volunteers, and related parties associated from any and all claims or liability arising out of participation.

In case of an emergency where I am unable to decide for myself, I hereby give my permission to lustingdance**theatre** (LDT) to administer first aid and/or seek emergency medical treatment for me.

EMERGENCY CONSENT SIGNATURE AND DATE

CONTACT CONSENT:

I am aware that acting class is a physical activity which requires touch and hands-on correction from teacher to student to reinforce direction and positioning of the body. I give my permission for instructional contact to be made as a part of my training. If this contact is uncomfortable to me, I will immediately advise LDT and the instructor.

CONTACT CONSENT SIGNATURE AND DATE

PUBLICITY RELEASE:

I hereby give permission to lustingdance**theatre** (LDT) to take photographs, film, or videos of me. I consent to the use of my name for any promotional purposes by LDT or LDT's Dance and Wellness Studio. This use includes, but is not limited to, brochures, postcards, publicity, and LDT's website.

PUBLICITY CONSENT SIGNATURE AND DATE

lustig**dancetheatre** Dance and Wellness Studio

80 Albany Street • 2nd Floor New Brunswick, NJ 08901 (p) 732-246-7300 (f) 732-246-7399 www.lustigdancetheatre.org

Credit Card Information

CARDHOLDER NAME

CARD NUMBER—Visa and MasterCard ONLY please

EXP DATE

CID

CARDHOLDER SIGNATURE AND DATE

ACTING WORKSHOP with David LeDoux

Amount: _____

\$180 for 12 week session

Seminar occurs on Sundays from Jan. 15-April 1, 2012

Please circle one: Youth Workshop (ages 9-12) 12:30-1:30pm or
Student Workshop (ages 13+) 1:30-2:30pm

10% discount for returning DDA or LDT registered students

Registration fee is non-refundable

lustig**dancetheatre**, inc. is a recognized 501(c)(3) non-profit organization

Please consider supporting lustig**dancetheatre** by making a tax deductible donation with
your registration payment:

- | | | |
|--|---|--|
| <input type="checkbox"/> Benefactor \$2,500 | <input type="checkbox"/> Humanitarian \$1,000-\$2,499 | <input type="checkbox"/> Patron \$750-\$999 |
| <input type="checkbox"/> Sponsor \$500-\$749 | <input type="checkbox"/> Contributor \$250-\$499 | <input type="checkbox"/> Supporter \$101-\$249 |
| <input type="checkbox"/> Friend \$ 100—under | | |

Name is you would like to be recognized: _____

Donation Amount \$ _____