

**Top Hat Registration**  
**(Talented Outstanding Performers Homeschool Acting Troupe)**

Please Check Class: **FALL** (September 22-November 17)

Wednesday 10-11:30

Wednesday 12-1:30

**WINTER** (January 12-March 9)

Wednesday 10-11:30

Wednesday 12-1:30

**SPRING** (March 30-June 1)

Wednesday 10-11:30

Wednesday 12-1:30

NAME: \_\_\_\_\_ PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL: \_\_\_\_\_

I prefer the following payment plan (please check one):

I agree to pay in full \$150 (pay by Sept.15 and save 10% -\$135)

I agree to pay \$75 deposit and the additional \$75 payment paid on the 15<sup>th</sup> of the month after class begins.

I agree to pay \$50 deposit and 2 additional payments of \$50 paid on the 15<sup>th</sup> of the 2 months after class begins.

A credit card must be entered for payment plans. Your card will be automatically billed on the 15<sup>th</sup> of the month or the first workday after the 15<sup>th</sup>.

Credit Card:  Visa  Mastercard  Discover  American Express

Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-Digit security Code: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

\*class size is limited, student is not registered without deposit, no refunds after the first class, please be prepared to pay by cash, check or credit card on the first day of class.

\*Questions? Please contact the ACT box office at 254-1320