

Registration f Check session:	or What's Shakin' * S			
Student's Name:		Ag	ge:	Male or Female
Parents' Name: _				
Phone Number:	(Home)	(Cell) _		
Email Address: _				
Billing Address:				
City, State, Zip C	Code			
I prefer the follow	wing payment plan (please	check one):		
I would like to pay the full amount \$100 (for 1 student) includes a free CD				
I would l	ike to pay the full amount	\$160 (for 2 students)	includes a	ı free CD
	ust be entered for paymen Yaylon Wood, Box Office I			
Credit Card:	American Express	VisaMaster	card	_Discover
Credit Card Num	ber:			
Expiration Date:		_ 3-digit security cod	de (on bac	k)
Cardholder's Sig	nature:		_	phone order

If you wish to complete registration over the phone, please contact Waylon Wood, Box Office Manager. 254-1320 x21

cash, check, or credit card on the day of class.

even if you drop the class.

• Student is not registered without a payment. The deposit amount is non-refundable and required to

• No refunds available after the first class. Payment plans will continue to be charged as agreed upon

register a student. All deposits are due on or before the first day of class. Please be prepared to pay by

If you have any questions, please contact Chanda Calentine, Program Director. 254-2939 x27 <a href="mailto:chanda@ashevilletheatre.org">chanda@ashevilletheatre.org</a> Fax: 252-4723