

# Academy of Performing Arts



## APA REGISTRATION FORM

FILL OUT AND FAX TO: 619 282 9889

Date: \_\_\_\_\_

<u>NAME:</u>		<u>DATE OF BIRTH:</u>	<u>GUARDIAN NAME: (IF UNDER 18)</u>
<u>COMPANY (IF APPLICABLE):</u>		<u>MEDICAL INFO (ALLERGIES/CONCERNS)</u>	
<u>ADDRESS:</u>		<u>HOME PHONE</u>	
<u>ZIP CODE:</u>		<u>WORK PHONE OR OTHER (SPECIFY)</u>	
<u>EMAIL ADDRESS:</u>		<u>CELL PHONE</u>	

Previous Training: \_\_\_\_\_

Classes you're interested in: \_\_\_\_\_

How did you hear about A.P.A.? \_\_\_\_\_

### Class Registration (if applicable):

	<i>Fee</i>	<i>Total</i>
<input type="checkbox"/> SINGLE ADULT DANCE or PILATES CLASS	\$14.00	_____
<input type="checkbox"/> DANCE PACK # of classes _____ Rate per class _____	<i>Total pack cost</i>	_____
<input type="checkbox"/> ACTING WORKSHOP - TBA	_____	_____
<input type="checkbox"/> SINGING WORKSHOP - TBA	_____	_____
<input type="checkbox"/> SPECIAL CHARGE (enter description) _____	_____	_____
<b>TOTAL CHARGE:</b>		_____

### Form of payment:

- Cash
- Check / Chk #: \_\_\_\_\_ (\$15.00 returned check fee. Checks must be received before class begin.)
- Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_
- Select type of card**     VISA    MC    AMEX

Signature of student (or guardian if under 18) \_\_\_\_\_



*I understand that I will be charged in the amount listed above "TOTAL CHARGE". I also understand that there are no, CREDITS, TRANSFERS or REFUNDS. I have read and understand the following:*

- ⊗ A..P.A. is not responsible for personal injury or lost or stolen personal items.
- ⊗ A..P.A. reserves the right to refuse service to anyone.
- ⊗ A..P.A. is not responsible for canceled "dance" classes.
- ⊗ I understand that A..P.A. may take photos or shoot video of all studio operations at anytime for archive or promotional material, and hereby grant A.P.A. the right for said purposes.

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