

# REGISTRATION FORM



## 1 Contact Information

PARTICIPANT NAME (ONE CHILD PER FORM) \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_

PARENT / GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT/UNIT NO. \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

## 2 Select programs

### ARTastic Collaboration | Ages 6 - 10 | Wed. 4 - 6 pm

Session 2: Jan. 10 - Feb. 14, 2018

\$150 members/\$160 non-members per session

### Stage Kids | Ages 8 - 14 | Thurs. 4:30 - 6:30 pm

Session 1: Jan. 11 - April 14, 2018

\$375 members/\$400 non-members per session  
Show Performance: Saturday, April 14

### Stage Kids - Encore! | Ages 12 - 18 | Tues. 6 - 8 pm

Session 1: Jan. 9 - April 14, 2018

\$375 members/\$400 non-members per session  
Show Performance: Saturday, April 14

### Teen Arts Ambassadors | Ages 14 - 18 | Monthly Meetings

FREE

### Private Lessons

Voice

Music

Art

Theater

Other: \_\_\_\_\_

### \*6 Lesson Package

1 hour: \$300 members/\$330 non-members

30 min: \$180 members/\$210 non-members

### \*Individual Sessions

1 hour: \$55 members/\$60 non-members

30 min: \$35 members/\$40 non-members

## 3 Fees

Total for sessions indicated:

Add a Family Membership (\$75)

I would like to make a contribution:

**Total:**

### Payment:

Check Enclosed\*

Visa

Master Card

American Express

CARD NUMBER \_\_\_\_\_ CSC# \_\_\_\_\_

SIGNATURE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

\* Make checks payable to the Art and Culture Center/Hollywood.

## 4 Agreement

Tuition must be paid in advance. Participant is registered only upon receipt of registration form and full payment. All returned checks and denied credit cards will incur a \$50 service fee. No refunds are permitted.

As the parent or legal guardian of the aforementioned child, I certify that I hold harmless and release the Art and Culture Center/Hollywood, its employees, and agents from any liability, claim, right of action, of any kind or nature which I, my child, or legal representative may have as a result of injury, illness, or damage. I authorize the Art and Culture Center to seek urgent medical care in the event of an emergency.

I hereby allow the Art and Culture Center/Hollywood to take photographs or videotape of me/my child during participation in its programs. The photos or video may be used for the sole purpose of promoting the Art and Culture Center/Hollywood.

I have read and understand all of the above.

PARTICIPANT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please help by telling us how you heard about this program:

**Questions?** Call us at 954 921. 3274. Return this completed form by fax to 954. 921. 3273, by mail, or in person to:



**Art and Culture  
Center/Hollywood**

1650 Harrison Street  
Hollywood, FL 33020  
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ArtAndCultureCenter.org