

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
 - Session 3: Mar. 7 - April. 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

Cost:

Total for sessions indicated:

Add a Family Membership (\$75)

I would like to make a contribution:

Total:

Payment:

- Check Enclosed*
- Visa
- American Express
- Master Card

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

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954. 921. 3274
ArtAndCultureCenter.org