



THE PLAYERS

PERFORMING ARTS STUDIO

Your Community Your Theatre



REGISTER

Name _____ Birth Date _____

Parent's Name (if under 18) _____

Address _____

City/State/Zip _____

Phone (home) _____ (cell) _____ E-mail _____

Please sign me up for the following class(es): Fee(s):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

I am signing up for more than one class for the following discount: (select one)

Two classes, take 10% off _____

Three classes, take 15% off _____

Four classes, take 20% off _____

Five classes, take 25% off _____

Six classes, take 30% off _____

Tuition Total \$ _____

Please Remit Payment to:
The Players Performing Arts Studio
500 Tallevast Rd #106
Sarasota, FL 34243
941-360-0120

Less Multi-class Discount \$ (-) _____

Total Enclosed \$ _____

by check to The Players MC Visa AmEX Discover

Credit Card # _____ Exp. Date _____

TERMS OF AGREEMENT: I understand that performing activities have inherent risks, and that The Players does not assume any responsibility for injury. I understand that all fees and payments are non-refundable, non-transferable and no credit will be given for classes missed. I understand that The Players and the faculty have the right to dismiss a participant whose conduct, influence, or behavior is deemed unsatisfactory to the best interest of the class. I understand that The Players has the right to cancel any class and that the instructors are subject to change. I allow The Players to photograph myself or my child for publicity purposes. Entering my name below is equivalent to signing this document.

Name: _____
(Parent or guardian if under 18)