



Saturday Program AT THE BUSHNELL

REGISTRATION FORM

Parent/Guardian Name _____
 Phone () _____ Alternative Phone Phone () _____
 Name of Participant _____ Age _____ Male Female
 Street Address _____ City _____ Zip _____
 Email _____

SATURDAY PROGRAM AT THE BUSHNELL: ACTING

Winter Session Saturdays

Jan 16, 23, 30

Feb 6, 13, 27

March 6, 20 (snow make up if needed 3/27)

Location The Bushnell Center for Performing Arts
(Goldfarb Classroom)

166 Capitol Avenue, Hartford CT

Times

ages 6-10 @ 10:15am-11:15am

ages 11-16 @ 11:30am-12:45pm

Cost \$315 per session

Save \$20 When You Register Online!

Go to www.performingartsprograms.biz/saturday_program_at_the_bushnell. Enter coupon code SATURDAYBUSHNELL at checkout.

Please check appropriate program

AGES 6-10

AGES 11-16

Total \$ _____

METHOD OF PAYMENT

CREDIT CARD Visa MasterCard American Express Discover

Name on Card (if different from above) _____

Billing Address _____ City _____ Zip _____

Card Number _____ Expiration Date _____

Card Security # (last three digits on back of card/four on front of AmEx cards) _____

CHECK Check # _____ Date _____

MONEY ORDER

Please make check payable to: Performing Arts Programs, Inc.

Mail registration form and payment to: Performing Arts Programs, Inc., P.O. Box 633, South Windsor CT 06074

Performing Arts Programs, Inc. and The Bushnell and their officers, directors, employees, instructors, contractors, volunteers and agents are referred to as "PAP" in this paragraph. The undersigned, on behalf of himself/herself and his/her minor children named in the above online registration form who is/are being registered for a program/classes (the "Participant(s)") acknowledge that the Participant(s) may participate in activities involving risk of injury to person or property and they assume full responsibility for all such risk. The undersigned certifies that the Participant(s) is in good health with no condition, illness or abnormality, which might subject the Participant(s) to undue personal risk from engaging in such activities. In the event of any emergency requiring medical care, PAP is authorized to obtain whatever medical treatment it deems necessary or appropriate under the circumstances. Once the program begins, no refund will be issued in any amount. The program fee is non-refundable. For a full disclosure of our general refund and liability policy go to www.performingartsprograms.biz/policies

Parent/Guardian Signature _____ Date _____