



Adult Acting Class

Name: _____

Address: _____
STREET CITY ZIP

E-mail Address: _____

Phone Numbers:

HOME: _____ WORK: _____ CELL _____

Emergency Contact: _____

Phone: _____

Experience (check one): Previous Acting Experience: Beginner:

I agree to hold Helen Kearney Konen, Myers Park Baptist Church and Theatre Charlotte harmless for personal illness or injury. I agree to exercise care in the facility and I agree to reimburse Myers Park Baptist Church and/or Theatre Charlotte for any personal breakage, damage or loss of property due to my negligence.

Signature Date

To Register: Return this form with a non-refundable, but applied to tuition deposit of \$50 to secure space in class. Balance is due at the first class, or you may pay entire fee now. Please make your checks payable to: Helen Kearney Konen.

Cancellation Policy: A refund less \$50 registration fee will be returned to you, up to one week prior to the start of class.

Return to: Setting the Stage
Helen Kearney Konen
2936 Saintfield Place
Charlotte NC 28270
704-540-7781