

Registration

Name _____ DOB _____

Parent's Name (if under 18) _____

Address _____

How do you indentify?

Female

Male

City/State/Zip Code _____

Email _____

Phone _____

Class Name	Cost
Sub Total	
I'd like to contribute to the Education Scholarship Fund to assist students in need of financial aid	
Registration Fee (\$25 per student)	
Total Amount Due	

Check made payable to **The Players**

Shirt Size _____

Credit Card (Check One)

Mastercard

Visa

Discover

Auto Pay

Card # _____

Exp Date _____

3-Digit Security Code _____

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 that no credit will be given for classes missed. I understand that The Players and its 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.

Signature _____

Date _____

Please remit payment to:

The Players Studio, 1400 Blvd. of the Arts, Suite 200, Sarasota, FL 34236

ENROLL ONLINE at theplayers.org.