Student Name ___________________________ Age/DOB _____ Date _____

Parent/Guardian Name ___________________________ Relationship to Student ___________________________

Parent/Guardian Name ___________________________ Relationship to Student ___________________________

Address ___________________________ City ______ State ______ Zip ______

Primary Phone ___________________________ Secondary Phone ___________________________

Email ___________________________

Is there anything else we need to know about your child? Special needs? Allergies? Anything you would like the instructor to know? ___________________________

How did you learn about Auburn Public Studio? ___________________________

Photo Release: I give Auburn Public Theater permission to use any photos taken of my child for promotional materials.

Signature of Parent/Guardian ___________________________ Date ______

Write CLASS(ES) ATTENDING Below:

Class 1 ___________________________ Price ______

Class 2 ___________________________ Price ______

Class 3 ___________________________ Price ______

TOTAL DUE: ____________

METHOD OF PAYMENT
CHECK ONE:

O PAY NOW IN FULL
O APPLYING FOR SCHOLARSHIP
O PAYMENT PLAN: $_____/month

CHECK ONE:

O CASH
O CHECK #______
O CREDIT CARD:
CC# ___________________________
EXP. Date: _______ SEC Code: ______

For questions contact Janie Micglire: 315-253-6669 / janie@auburnpublictheater.org