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| C:\Users\Deborah\Documents\WilliamsburgPlayers\logo.pnghttp://www.williamsburgfamilies.com/wp-content/uploads/2015/04/UAGLOGO.jpg Williamsburg Players Actors Workshop Registration Form |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Cell Phone |  |
| Home or Work Phone |  |
| E-Mail Address |  |
| Age (if under 18) |  |

## Special Skills or Background

### Summarize any special skills or experience you have acquired from school, employment, previous volunteer work, or through other activities, including hobbies.

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What are you most excited about for this workshop? What do you most want to learn?

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## Person to Notify in Case of Emergency

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| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### I hereby Release and Waive liability against The Williamsburg Players, a non-profit corporation, its directors, officers, staff and agents, its successors and assigns, for any injuries or illness that I myself may suffer in connection with any activity for The Williamsburg Players.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature (if over 18) |  |
| Signature of Parent or Guardian if under 18 |  |
| Date |  |

Permission to Photograph: I grant to The Williamsburg Players, its representatives and employees the right to take photographs of me and my property in connection with the traveling performance group. I authorize The Williamsburg Players, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that The Williamsburg Players may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Signature of Parent or Guardian if under 18 |  |
| Date |  |

Do you have any allergies, illness, disability, or other medical conditions that we need to be aware of? If yes, please detail below:

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Check which workshop you are registering for

\_\_\_\_\_Introduction to Stage Acting (Youth 13-18) Saturday November 21 9am-12pm

\_\_\_\_\_Introduction to Stage Acting (Adult) Saturday December 19th 9am-12pm

\_\_\_\_\_ Voice and Movement (Youth 13-18) Saturday December 19th 1pm-4pm

METHOD OF PAYMENT (CIRCLE): PAY PAL CHECK A deposit of $20 is due at least two days before the date of the workshop. You can pay half or all before.

If mailing a check: please send to The Williamsburg Players c/o Acting Workshop P.O Box 91 Williamsburg Virginia 23187 made payable to **Chelsea Cardwell**.

Paypal is to Chelsea@upstreamactinggroup.com

Any questions contact deborahsoderholm@gmail.com

Fill out one form per participant. If registering for both workshops, just fill out one. Refunds will be given if the workshop does not have a minimum number of participants.

TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_