CLASS REGISTRATION FORM: Please fill out the form completely, front and back.

I am a: (Select one X)	Your Name:		My contact info is the same (Circle one): Yes / No
_____ NEW STUDENT	Address:		
_____ RETURNING STUDENT	Phone + E-mail:		

TIME	CLASS/ INSTRUCTOR	PRICE	SELECT CLASS (X)
Mondays			
10:00am-12:00pm	Singing / Scrumbly	**$225**	
10:00am-1:00pm	Solo Performance / Cooper	**$300**	
1:00pm-2:00pm	Intro to Tap / Fanelli	**$110**	
Tuesdays			
9:30am-12:00pm	Storytelling (Group A) / Ducey	**$200**	
9:30am-12:00pm	Storytelling (Group B) / Ducey	**$200**	
10:00am-12:00pm	Singing / Scrumbly	**$225**	
12:00pm-2:00pm	Storytelling / Rosen	**$300**	
1:30pm-3:00pm	Int. Tap / Weber	**$150**	
3:00pm-5:00pm	Playback / Holtz	**$200**	

TIME	CLASS/ INSTRUCTOR	PRICE	SELECT CLASS (X)
Wednesdays			
10:00am-1:00pm	Solo Performance / Cooper	**$300**	Mon+Wed
11:00am-1:00pm	Power of Performance / Holtz	**$200**	
1:00pm-3:00pm	Improv Singing / Norfleet	**$200**	
Thursdays			
10:00am-12:00pm	Singing / Scrumbly	**$225**	
11:00am-1:00pm	Clowning / Tonn	**$145**	
Fridays			
10:00am-11:30am	70s Funk Dance / Kajiwara	**$150**	
Intensives			
July 8 – 12	Meisner I	**$310**	
July 15 -19	Meisner II	**$310**	
July 22 - 26	Musical Theatre	**$275**	

Scholarships + Payment Plans are available!

No student is turned away! Email Lily at lily@stagebridge.org or call 510-444-4755 x122 for more information.

Discounts:

5% off 3 or more classes or 5% family discount.

Deposits:

Make a **$75.00** payment to reserve your spot in a class before it fills up!

Note:

No classes will be held on **Thursday, July 4th**: Independence Day. The FCCO and Stagebridge office will be closed. Make-up classes TBA by your instructors.

Donate to Stagebridge!

Your donation will help keep class prices affordable, support travelling performances to assisted living facilities, the Storybridge program, and more!

If you would like to make a one-time donation, please select (X) an amount below:

$25 _____ $50 _____ $75 _____

$100 _____ $200 _____ Other $_____

If you would like to donate to a fellow Stagebridger's tuition balance, please record the amount below:

$_____

1) EMERGENCY CONTACT INFORMATION: (PLEASE COMPLETE IF YOU ARE A NEW STUDENT.)

☐ **Check this box if your contact information has not changed and skip this section.**

Name: _____ Relationship: _____

Home/Cell Phone: (____)_____ Email: _____

Do you have any medical conditions or severe allergies you would like Stagebridge to be aware of? List below.

_____

_____

2) MEDIA RELEASE AND LIABILITY:

I, the undersigned, do hereby grant permission to Stagebridge to post my story, photo, or other item, hereinafter referred to as "Materials," I submit to and for Stagebridge's website, newsletters, Facebook account, and any and all published materials. I hereby release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of said "Materials," including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the "Materials" or any rights therein.

Stagebridge is not liable for any injury incurred during class time, performances, or related activities. By signing that you have read our Enrollment Policy (p.3), you release Stagebridge from any liability in the case of injury or other harm incurred during class time, performances, or related activities.

I HAVE READ AND UNDERSTOOD STAGEBRIDGE'S ENROLLMENT (P. 3) & LIABILITY POLICY.

_____ _____

SIGNATURE **DATE**

For Personnel Use Only: (2.7% CC fee in-person and 2.9% +$0.30 CC fee online and over the phone)

Total # of classes:			
5% Discount:	**Yes / No**	**Total Discount:**	
Credit Applied:	**Yes / No**	**Total Credit Applied:**	
Scholarship:	**Yes / No**	**Amount granted:**	
Payment Plan:	**Yes / No**	**Notes:**	
Donations:		**TY Letter:**	
Additional Fees/ Notes:			
Total Due:			

	Balance:	**Payment $**	**Payment Method:**	**Check #**	**Date:**	**Initial:**
1.						
2.						
3.						
4.						
5.						
6.						
7.						