

Acting Classes

Contact Information	Please print
Name:	
Home Phone	
E-Mail Address	
Name (Parent Under 18)	
Child Name	

Emergency Contact	
Name	
Phone	

Classes	Yes/ No	
One on One		Days of the week available? Evening or Morning?
Actor 101		
Actor Prep		

Agreement and Signature
<p>By submitting this form, I affirm that the facts set forth in it are true and complete. I understand that as a participant in DD's Showbiz acting course. I agree that, DD's Showbiz is not responsible for any injury that may occurs during the classes. I agree to pay for coaching within the first week of the month, unless other arrangement were made (In writing). I understand that I can stop coaching anytime by email and that all funds for that month will be non-refundable.</p> <p>*Please note if you are under 18 years old, we will need agreement to be signed by parent or guardian.</p>

Name (print)	
Signature (Parent or guardian)	
Date	
Payment type (Check one)	<input type="checkbox"/> PayPal <input type="checkbox"/> Cash/Cash App <input type="checkbox"/> Zelle <input type="checkbox"/> Credit Card
Provide payment information: Email, phone number or cash app name	

