



2018-2019 Academy * Spring 2019 Enrollment

STUDENT Name: _____

Gender: _____ Date of Birth: _____ Age: _____

School: _____ Grade: _____

Medical conditions/Special needs/Allergies: _____

New student? If YES - How did you hear about Hurrah Players? _____ or HURRAH PLAYER since _____

PARENT/GUARDIAN Name(s): _____

Address: _____

City, State Zip: _____

Phone(s): _____

Email(s): _____

Employer(s): _____

- Does Employer have matching gift or other contribution program that we may contact you about? YES NO

| <u>CLASS</u> | <u>DAY</u> | <u>TIME</u> | <u>SELECT CLASSES</u> |
|------------------------|------------|-------------|-----------------------|
| Acting I | T | 6:30pm | |
| Acting II | T | 5:30pm | |
| Acting II.5 | W | 5:30pm | |
| Acting III | M | 6:30pm | |
| Acting IV | T | 5:30pm | |
| Audition Tech I / II | W | 6:30pm | |
| Audition Tech III / IV | M | 5:30pm | |
| Camera Acting | W | 5:30pm | |
| Hip Hop | W | 6:30pm | |
| The Pushers' Improv | T | 6:30pm | |
| Jazz I | T | 5:30pm | |
| Jazz II | T | 6:30pm | |
| Jazz II.5 | T | 6:30pm | |
| Jazz III | TH | 6:30pm | |
| Jazz IV | S | 10:15am | |
| CH's Babes on Broadway | S | 9:00am | |
| Musical Theatre I / II | TH | 6:30pm | |
| Musical Theatre III | M | 5:30pm | |
| Musical Theatre IV | M | 6:30pm | |
| Tap I | S | 10:15am | |
| Tap II | TH | 5:30pm | |
| Tap II.5 | T | 5:30pm | |
| Tap III | TH | 5:30pm | |
| Tap IV | S | 9:15am | |
| Adult Tap | W | 6:30pm | |

| | |
|--|--|
| Select one MEMBERSHIP Option | |
| 35 th Season Family Membership @ \$25 <i>Per Family</i> | |
| OR | |
| 35 th Season Individual Membership @ \$20 <i>Adult Student only w/ no additional family participants</i> | |
| Select one TUITION Option | |
| One-Time Payment @ \$282 <i>Per Student</i> | |
| OR | |
| Payment Plan @ \$99 x 3 payments <i>Per Student</i> | |
| Select up to one DISCOUNT (if applicable) | |
| Adult enrolled in <u>one</u> class | |
| OR | |
| Family Discount <i>More than one family member in same household enrolled</i> | |
| OR | |
| Military Discount <i>Parent/ Guardian Active or Retired Military Member</i> | |

PAYMENT INFORMATION Sorry, NO checks please.

_____ Name on Card

_____ Credit Card # _____ Expiration Date

*Signature**

Date

** Signature authorizes payment processing and receipt and acknowledgement of 2018-19 Student Handbook.*