



Theatre. For The People. By The People.

Theatre of the Republic Class Registration

Main Street Theatre, 337 Main Street, Conway, SC 29526 843-488-0821 fax 843-488-0824

www.theatreoftherepublic.com

mainstreettheatre@sc.rr.com

Tap Class 16 and up, Wednesdays 6:30-7:30, March 3—April 21st, \$80.00 for 8 weeks

Ballet Class Ages 9-13, Mondays 5:00-6:00, Feb 1st through May 24th, \$160 for 16 weeks

Ballet Class 13 and up, Mondays 6:00—7:00, Feb 1st through May 24th, \$160 for 16 weeks

Youth Acting Grades 2-5, Tuesdays 4:00-6:00 February 2—May 4 \$180 for term

Youth Acting Grades 6-12, Tuesdays 5:00-7:00 February 2—May 4 \$180 for term

Student's Name: _____

Birth Date: _____ Age: _____ Grade: _____

Parent or Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Parent's Cell Phones: _____

Email Address: _____ check to receive email

Please list any health problems that would limit the student's activities: _____

Please list any applicable experience: _____

The student named above will attend a class at Theatre of the Republic at Main Street Theatre in Conway, SC. The student and/or their legal guardian understand, and will follow all guidelines and rules set down for the class. The student and/or their legal guardian also understand that pictures taken by the theatre staff during the course of this class will be the property of Theatre of the Republic for promotional use as they see fit, with no notification or compensation. I hereby give permission for Theatre of the Republic and its agents to secure medical treatment for the student should it become necessary during the course of participation in classes at Theatre of the Republic. I agree to release and forever discharge Theatre of the Republic and all sponsoring organizations, their employees and volunteers from any responsibility, personal liability, claims, losses or damage arising out of or in conjunction with participation in classes at Theatre of the Republic.

Signature of student or legal guardian of minor student: _____

Date: _____

Payment due at Registration

No Refunds