



CLASS/WORKSHOP REGISTRATION FORM

No registrations will be accepted by phone.
Registration is on a first come, first served basis;
class sizes may be limited.

Student Information

Name: _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

Email _____

If under 18: Age _____ Grade _____

Parent Name _____

Class Information

Class/Workshop: _____

Date: _____ Time: _____

Payment Information

Cost: _____

Method of Payment Cash Check Visa MasterCard American Express Discover

Card No _____

Exp _____ CVN _____

Signature _____

Permission to Use Photograph

I grant to Four County Players its representatives and employees the right to take photographs of _____ in connection with any event associated with Four County Players, advertised or non-advertised, including performances, rehearsals, educational workshops, auditions and backstage or technical activities. I authorize Four County Players, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Four County 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:**

Signature _____

Mail completed form and payment to:

Four County Players • 5256 Governor Barbour St. • Barboursville, VA 22923