



2010 Spring Session:

Jan. 18-Mar 27

Name _____

Male _____ Female _____ Age _____

School _____ Grade _____

By participating in classes, I grant FRP permission to take pictures & audio or video recordings of the above student as part of class/performance for publicity & promotional purposes in addition to contacting them by e-mail for announcements and promotions.

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone (h) _____ (c) _____

**Drop registration form at Education Center or
FAX your form with CC info to us at 828.693.3518**

Checks payable to Flat Rock Playhouse • PO Box 310, Flat Rock, NC 28731

Class Code _____ Tuition \$ _____

Class Code _____ Tuition \$ _____

Class Code _____ Tuition \$ _____

(One form per student, please) TOTAL DUE \$ _____

Early Registration through 12/30 save \$25 per class plus an extra \$5 per student discount for multiple family members!

Credit Card # _____

Expiration _____