

262 Balfour Ave. Lois Brothers (204) 801-8318 Email: loisactingcoach@gmail.com www.childrensactingcenter.ca

Registration Form 2024

Personal Information:								
Family Name				Given Name				_
Address			C	ity		Postal Co	ode	
Birth date: (MM-DD-YYYY)				Gender (circle o	one) Male	Female	Age	
Mother's/Guardia	an's name		W	ork Phone		Cell		
Father's/Guardian's name				W	ork Phone		Cell	
Parent's email								
Emergency Cont	act		Relationship		Contact Pho	ne		
Student Email (optional)								
Payment information (check one): STARZ Acting								
Post Dated Cheques	STARZ Act	ting	Acting Cla	sses	Audition W	orkshop		
Sep 19/2024	\$262.50	\$525.00	\$297.50	\$595.00	TBD	TBD		
*Note: Prices inc	\$262.50		\$297.50		TBD			ı
 Please make cheques payable to Lois Brothers Address: 262 Balfour Ave, Winnipeg, Manitoba, R3L 1N6 All cheques need to be submitted at one time. E-transfers to loisactingcoach@gmail.com 								
 Please contact me if your child will be absent. No refunds or make up classes for missed class. \$25.00 charge for NSF cheques or late payments. Payment can be made with cash, cheque or e-transfer. Class attendance is important, especially the classes where we tape scenes. No refunds after 4 classes unless due to illness per session. 								
Photographs/Publicity/Website I agree that my child's name and picture may be used for promotional materials.								
Waiver I agree that I have read and understand all of the information on this form and further agree that the Children's Acting Center will not be held responsible for any injury that may occur during the duration of the acting season.								
Parent/Guardian (please print) Date Signature								
Please list any prior acting training or experience								
Please list any medical concerns to be aware of (allergies, medications, etc.)								