



# Williamsburg Players Actors Workshop Registration Form



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Cell Phone	
Home or Work Phone	
E-Mail Address	
Age (if under 18)	

## Special Skills or Background

Summarize any special skills or experience you have acquired from school, employment, previous volunteer work, or through other activities, including hobbies.

What are you most excited about for this workshop? What do you most want to learn?

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

I hereby Release and Waive liability against The Williamsburg Players, a non-profit corporation, its directors, officers, staff and agents, its successors and assigns, for any injuries or illness that I myself may suffer in connection with any activity for The Williamsburg Players.

Name (printed)	
Signature (if over 18)	
Signature of Parent or Guardian if under 18	
Date	

Permission to Photograph: I grant to The Williamsburg Players, its representatives and employees the right to take photographs of me and my property in connection with the traveling performance group. I authorize The Williamsburg Players, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that The Williamsburg 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:

Name (printed)	
Signature	
Signature of Parent or Guardian if under 18	
Date	

Do you have any allergies, illness, disability, or other medical conditions that we need to be aware of? If yes, please detail below:

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Check which workshop you are registering for

\_\_\_\_ Introduction to Stage Acting (Youth 13-18) Saturday November 21 9am-12pm

\_\_\_\_ Introduction to Stage Acting (Adult) Saturday December 19<sup>th</sup> 9am-12pm

\_\_\_\_ Voice and Movement (Youth 13-18) Saturday December 19<sup>th</sup> 1pm-4pm

METHOD OF PAYMENT (CIRCLE): PAY PAL CHECK A deposit of \$20 is due at least two days before the date of the workshop. You can pay half or all before.

If mailing a check: please send to The Williamsburg Players James-York Playhouse c/o Acting Workshop

200 Hubbard Lane, Williamsburg Virginia 23185 made payable to **Chelsea Cardwell**.

Paypal is to [Chelsea@upstreamactinggroup.com](mailto:Chelsea@upstreamactinggroup.com)

Any questions contact [deborahsoderholm@gmail.com](mailto:deborahsoderholm@gmail.com)

Fill out one form per participant. If registering for both workshops, just fill out one. Refunds will be given if the workshop does not have a minimum number of participants.

TOTAL: \_\_\_\_\_