

THE Lisa Kelly VOICE ACADEMY

WINTER/SPRING SEMESTER 2015 STUDENT INFORMATION

Name: _____
Address: _____

Date of Birth: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

CLASS INFORMATION

Class Type: _____
Class Day and Time: _____
Semester Start Date: _____
Semester Finish Date: _____
Per Class Fee: _____
Total Semester Fees: _____

EMERGENCY CONTACT INFORMATION

Name: _____
Email Address: _____
Phone: _____
Relationship: _____

WINTER/SPRING SEMESTER 2015 REGISTRATION

(If under the age of 18 a Parent must sign this official registration/enrollment form)

SIGNATURE: _____
NAME: _____
DATE: _____

By signing and returning this registration form, you are entering into a binding contract for services between you and KELLY PORTER PRODUCTIONS LLC.

HOW DID YOU HEAR ABOUT OUR ACADEMY?

(please circle one)

EXISTING STUDENT	ADVERTISING/FLYERS	NEWSPAPER
SIGNAGE/BANNER	WEBSITE/FACEBOOK/TWITTER	REFERRAL

TERMS & CONDITIONS

1. Payments need to be made in advance.
2. You will be billed per every 4 classes a month in advance.
3. You are required to commit for the entire Semester, and there is no cancellation policy.
4. You will be charged for the entire Semester regardless of attendance, once enrolled.
5. If you start after the Semester commencement date, your fees will be pro rated from the start date of your enrollment.
6. Payments can be made by Cash or Check.
7. Checks made payable to: **KELLY PORTER PRODUCTIONS LLC**