

THE Lisa Kelly VOICE ACADEMY

STUDENT INFORMATION

Name: _____
Address: _____

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

SUMMER COURSE INFORMATION

Course Type: SUMMER EXPERIENCE CAMPS AGES 6 - 16 YEARS
Class Days and Time: MONDAY, TUESDAY, WEDNESDAY, THURSDAY & FRIDAY 10AM-3PM
Course Start Date: _____
Course Finish Date: _____
Course Fee: \$ 220.00 USD

EMERGENCY CONTACT

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

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)

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

TERMS & CONDITIONS

1. Places are not confirmed until registration document & payment is received in full.
2. Payment is required at the time of registration.
3. Payments can be made in cash or check only.
4. There is no discount available for siblings.
5. Enrollment is conducted on a first come first served basis.
6. Accommodation & transfers are NOT provided.
7. Healthy snacks & water will be provided.
8. A sack lunch is required for each & every student daily.
9. Showcase performance will commence at 2:30pm on Friday of camp @ the Space.
10. There shall be no refunds available once registered, regardless of final attendance.
11. Price includes one complimentary Academy souvenir T Shirt.
12. Checks made payable to: **KELLY PORTER PRODUCTIONS LLC**

Suite 8A, 100 N Peachtree Parkway, Peachtree City, Georgia, 30269
Phone: +1-770-371-3262
Email: info@thelisakellyvoiceacademy.com