

THE Lisa Kelly VOICE ACADEMY

STUDENT INFORMATION

Name: _____
Address: _____

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

SUMMER COURSE INFORMATION

Course Type: SUMMER MASTER CLASSES AGES 16+
Class Days and Time: SATURDAY & SUNDAY 10AM-3PM
Course Start Date: _____
Course Finish Date: _____
Course Fee: \$ 250.00 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. Enrollment is conducted on a first come first served basis.
5. Accommodation, travel & transfers are NOT provided.
6. There is no cancellation policy or refunds provided once registered, regardless of attendance.
7. Checks made payable to: **KELLY PORTER PRODUCTIONS LLC**