Oct class Registration	FORM	Winter 2020
Name		
Address		
City	. State Z	Zip
Phone-Day		
Email		
Please complete if student is a mind	or:	
Parent/Guardian Name		
Phone-Day		
Email		
CLASS SELECTION		
O Know Thyself with Inga R. Wilson (\$ Sundays, 6:00pm - 8:00pm, January 26 - 1	140) March 15 (8 weeks)	
O Plotting Along with Paul Calandrino Tuesdays, 6:00pm - 8:00pm, January 28 -		
O Influential Storytelling with Erica Tov Wednesdays, 6:00pm - 8:00pm, January 2	ve (\$140) 29 - March 18 (8 weeks)	
	Tota	l Classes \$
DISCOUNT (limit one per student p		
OI am a Subscriber (10% off)	,	
I am registering more than one stud	ent in my family (10%	off)
I am an actor cast in the current sea	ison (25% off)	
Optional Additions		Discount -\$
O I would like to make a donation to t	he scholarship fund.	\$
		TOTAL \$
PAYMENT INFORMATION		•
Check Enclosed Credit Card	1	
_		CVV
VISA/MC #SIGNATURE	DAT	<u> </u>
	<i>D</i> AI	
RELEASE OF LIABILITY My signature below indicates that I agree to particip	ate in the above class and th	at I agree to indemnify and hold

My signature below indicates that I agree to participate in the above class and that I agree to indemnify and hold harmless Oregon Contemporary Theatre and its Board of Directors, agents or employees from and against any and all claims, suits or actions of whatever nature resulting from or arising out of my participation in this class.

ADULT SIGNATURE

A drop fee of \$50 will be charged for any cancellation made up to a week before the first class. Thereafter, class fees are non-refundable. Classes cancelled by the theatre will be refunded in full. Please check your calendar carefully before enrolling. All classes must meet minimum enrollment to be offered.

Please complete this form & return it to: