

Cape Fear Studios, Inc.
Workshop and Classes Registration

Workshop/Class Name & Date:

Student's Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell:** _____

Email(s): _____

For Children, Please complete the following:

Age: _____ **Gender:** _____ **Date of Birth:** _____ **Grade:** _____ **School:** _____

Parent's/Guardian's Names: _____

Method of Payment:

Check: # _____ **Amt** _____ **Cash: Amt** _____

Credit Card: Name _____ **#** _____ **Exp.** _____ **Amt** _____

Photo Release Form:

I give my permission for Cape Fear Studios, Inc. to publish photos of me and/or my child in promotional materials and newsletters. I understand that my and/or my child's name will not be used in these materials, and that I will not receive compensation.

Print Name: _____ **Signature:** _____

Special Notes

Cancellation Policy: Participants may withdraw up to one week prior to class beginning date without penalty or loss of class fee.