



Enrollment Form

Date of Enrollment: _____

TEEN CLASS
Ages 10+
THURSDAY - 5:30-6:30
9/15-11/17
\$100 (10-WEEK CLASS)

TEEN CLASS
Ages 10+
THURSDAY - 5:30-6:30
1/5-3/9
\$100 (10-WEEK CLASS)

TEEN CLASS
Ages 10+
THURSDAY - 5:30-6:30
3/23-5/25
\$100 (10-WEEK CLASS)

TEEN CLASS
Ages 10+
THURSDAY - 5:30-6:30
FULL YEAR
\$250

Student Name: _____ Birth Date: _____

Age: _____ Parent or Guardian: _____
(If under 18)

Address: _____

City, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Beyond the legal parent/guardian, the above minor may ONLY be released to the following people:

Name: _____ Relation to minor: _____

Name: _____ Relation to minor: _____

Amount Due: _____

Select Payment Method:

Mail to: Players Guild Theatre
1001 Market Avenue N.
Canton, Ohio 44702

- Cash
- Check
- Credit Card (Please use form below)

NOTE: No refunds will be issued unless requested and approved 10-days prior to the start date of classes/lesson/workshop/camp.

Credit Card Payment Information:

Name as it appears on card: _____ Expiration Date: _____

Card Number: _____ Security Code: _____