



**WVU Young Summer Acting Academy
June 19-23, 2017**



Student Name: _____
 Parent Name: _____
 Parent Email: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Age: _____ Male: _____ Female: _____

Please Note: West Virginia University is committed to making this program accessible to all individuals.
 If you have special needs and require accommodation to fully participate, please check here .

Acting Experience and/or Shows

Classes and/or Teachers

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Fees:

- Student Tuition
 (Includes classes, t-shirt, make-up, showcase).....\$130
 - Registration (non-refundable).....\$25
- Summer Acting Academy T-Shirt (Included in the tuition) Size _____ (YL, S, M, L, XL)

Total Enclosed:\$ _____

Enrollment is Limited
Register by June 5th to Guarantee Enrollment

To register by phone, call: (304) 293-2020

I give WVU permission to reproduce photos or video images in which my child or I appear. Yes ___ No ___

Full Payment, including a non-refundable \$25.00 registration fee, is required at the time of registration. Please make checks payable to: WEST VIRGINIA UNIVERSITY. For Master Card or Visa payments, complete the information below this paragraph. Please return form to: *Summer Acting Academy/West Virginia University / 305A College of Creative Arts / Morgantown WV 26506-6111, or fax to: (304)293-2533.*

* Master Card * Visa _____ *Expiration Date _____/_____/_____

*Name as it appears on the card (Please print clearly) _____

*Signature _____ Date: _____

**This is required information and your payment will be delayed if it is incomplete.*

Refunds after June 9th, 2017 are 50% of the Student Tuition
No refunds are available on or after the first day of classes on June 19th, 2017