TLP Registration Form for DIRECTOR'S WORKSHOP January 20-21, 2018

Saturday, 10:00am to 4:00pm, Sunday, 1:00pm-4:00pm

NAME	A.C.	TODAY'S DATE:	
NAME	A(GE	
ADDRESS			
PHONE		EMAIL	
IN CASE OF EMERGENCY:	_		
RELATION/PHONE:			
THEATRE EXPERIENCE:	(l'et este en este en) Her be	-16 C '6 1- 1	
THEATRE EAFERIENCE.	(list when, where) Use ba	ick of form if needed.	
THE FOLLOWING DEL	EACE MUCT BE CICNE	D BY YOU AND YOUR GUARDIAN BEFORE	T VOII
CAN BE ACCEPTED IN		D DI 100 AND 100K GUARDIAN DEFORE	<u> </u>
	Release and	d Authorization	
theatrical background information advertising and publicity in newspapers, magazines, FAC harmless TWIN LAKES PLA hold harmless TWIN LAKES in the acting workshop. I am	ation concerning me regarding purposes only, concerning the EBOOK and YOUTUBE, or AYHOUSE from any liability PLAYHOUSE from any liabi	LAKES PLAYHOUSE to release my photograph g TWIN LAKES PLAYHOUSE Education/Outreach Pe workshop in which I participate, including but not lime any other internet posting for promotion only. I furth or damage which may result from any such publication ility or damage to my person or possessions while partick in acting games and exercises suggested by the direct Program.	Program nited to: ner hold n. I also cipating
Signature of Participant:			
Parant/Guardian Signatura		Data	