

# Enrollment Form

Class:	Date:	# of Students	Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Credit Card Fee +\$3.00

Total Tuition Cost \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Balance Due by First Class Day

*Make checks payable to  
Hedgerow Theatre*

Please charge my:  MasterCard  Visa  Discover

Acct \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

## Student Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip (+4) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

FOR CHILDREN ENROLLING: Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

*Please state health concerns here. We will make every effort to accommodate requests.*

***\*\$20 registration fee added if enrolling on or after first day of session.***

Mail to: Hedgerow Studio 146 W. Rose Valley Rd, Rose Valley, PA 19086

**For info or to enroll call 610.565.7431 or 610-566-4034 | [www.hedgerowtheatre.org](http://www.hedgerowtheatre.org)**