



## Enrollment Form: Community Engagement 2020

### Ready to Enroll?

Please read our cancellation policy and complete the rest of the form:

In accepting an application, Guggenheim Entertainment reserves a space for each student and turns away those with an interest for whom there is no more space. If for any reason enrollment must be canceled or changed, Guggenheim Entertainment must be advised in writing. Requests for refunds will be approved on a case by case basis. Guggenheim Entertainment shall be made aware of any special needs or limitations of a student. Guggenheim Entertainment reserves the right to cancel any enrollment or to dismiss a student whose conduct or behavior is deemed unsatisfactory to the best interests of the program. In this case, no refunds will be made. Guggenheim Entertainment reserves the right to cancel any program due to insufficient enrollment.

Contact Information	
<b>First Name</b>	<b>Last Name</b>
<b>Street Address</b>	
<b>Phone 1</b>	<b>Phone 2</b>
<b>Email</b>	
<b>Photo Waiver</b>	<input type="checkbox"/> "I understand GE may take photographs and video during classes with the intention of using the images in future promotional materials and give permission for the use of those image with my likeness." <input type="checkbox"/> "I do not give permission for GE to use my image"

Enrollment Choice & Total Due (Check the box next to the classes you're taking and tally the amount due)	
<input type="checkbox"/> Community Chorus	\$350
<input type="checkbox"/> Adult Ensemble	\$350
<input type="checkbox"/> Stage & Screen Society	\$350
	Subtotal:
Discounts: Deduct 10% if enrolling by March 3 Deduct 10% if enrolling in more than 1 class Deduct 20% if enrolling in more than 1 class by March 3	
	Total Due:

Please continue to next page for more Enrollment Information



**Payment**

<b>Paying by credit card:</b>	Name on card:		
	Card number:		
	Exp Date:	Card Code:	
	Signature:		
<b>Paying by check:</b>	Check number:	Amount:	

**Emergency Contact Information  
About You:**

<b>Legal Name</b>			
<b>Primary Phone</b>			
<b>DOB</b>			
<b>Insurance Carrier</b>		<b>Insurance Number</b>	
<b>Known Allergies</b>			
<b>Anything else you'd like us to know about you?</b>			

**About Your Contacts:**

<b>Emergency Contact #1: Name</b>			
<b>Relationship</b>			
<b>Phone number</b>			
<b>Emergency Contact #2: Name</b>			
<b>Relationship</b>			
<b>Phone number</b>			

You're all set!

Please turn in both pages of this form and your payment prior to the start of the first class.

Questions? Contact: [info@3belowtheaters.com](mailto:info@3belowtheaters.com)