New Jersey School of Dramatic Arts

2019 Registration Form

New __Returning__

NAME		Age (if u	nder 18)	_
STREET ADDRESS				
CITY	STATE	ZIP		
PHONE: DAY	CELL			
EMAIL ADDRESS				
CLASS TITLE			Tuition	
CLASS TITLE			Tuition	
NOTE: THERE IS A YEARLY NON STUDENTS *(Except NJS		.00 REGISTR	ATION FEE FO	OR ALL
I wish to become a NJSDA Fee, 10% discount on all c Box, Special Workshops a Improv Comedy Show or a	lasses (except Coml nd Summer Camps)	oo Specials, plus 2 FREE	Class Acts, Bl	ack
I am a NJSDA Member (A	llows for 10% disco	unt and waiv	er of Registrat	ion Fee)
I am registering for TWO o	classes: 20% off sec	ond class of	equal or lesse	r value
I		the <u>PAYME</u>	NT AND REFU	ND POLICIES
METHOD OF PAYMENT: Paid in	full \$5	0.00 deposit	per class	
Personal check# (pay	able to NJ School o	f Dramatic A	rts)	
Money order #	Amount to charge	on card		
Credit Card: V/MC/DISC #			Ехр	o. Date
Signature of Card Owner				

MAIL TO: NJ School of Dramatic Arts, 593 Bloomfield Ave, Bloomfield, NJ 07003