PEACHCRAFT STUDIOS

Drama
Voice
Filmmaking

Private Performing Arts and Film Conservatory, training professional actors, vocalist and filmmakers in the necessary disciplines required for successful careers in stage, film and television.

REGISTRATION FORM

I. Applicant Information

Name: _____ DOB: _____

Address: _____ Email: _____

_____ Daytime: _____

_____ Evening: _____

II. Workshops

☐ **Actors Studio** ☐ **Vocal Conservatory** ☐ **Performance Media Lab**

Description: _____ Day & Time: _____ Cost: _____

Description: _____ Day & Time: _____ Cost: _____

Description: _____ Day & Time: _____ Cost: _____

III. Rules, Regulations, Cancellations

- PeachCraft will not be responsible for providing make-up sessions for student absences.
- PeachCraft will determine a mutually agreeable make-up schedule for sessions rescheduled by faculty.
- PeachCraft states if, for reason of epidemic or national crisis, the Conservatory is compelled to close during the course, no fees can be returned or compensation made for any period of tuition that may have been lost through the Conservatory's inability to carry on its work.

IV. Payment

I am including the following payment for registration in the programs specified above:

Total Cost: _____

Method:
☐ Online payment - Receipt ID# _____
☐ Check via mail (enclosed)

IV. Waiver & Statement

I hereby release and hold harmless *PeachCraft* from any and all claims, causes of action, suits, liability, costs, and expenses arising out of, or in connection with, any loss, personal injury, or other damage that the applicant may incur or suffer as a result of his/her participation.

I understand that *PeachCraft* may record the applicant's participation in this program and associated performances on video or by photograph. I grant *PeachCraft* unlimited use of any such recordings with no obligation to the applicant. Such recordings are the sole property of *PeachCraft*.

All workshops are solely owned and operated by PeachCraft, LLC.

♦ I certify that I understand the terms detailed above:

_____ Date _____ Applicant Name (print) _____ Applicant Name (sign)

_____ Date _____ Guardian Name if applicant under 18 (print) _____ Guardian Name (sign)

PEACHCRAFT STUDIOS
- 371 Springfield Avenue - Summit, NJ 07901
(908) 673-1485 – peachcraft@gmail.com; www.peachcraftstudios.com