

Name: _____
First Last

Current School Grade (Fall 2017): _____

T-Shirt Size: _____

Class Selections (Please Mark)

- ____ Acting I (4:00p - 5:30p) 1st-12th graders
 ____ Acting II (6:00p - 7:30p) must have taken Acting I already
 ____ Acting for HS (6:00p - 7:30p)

Class Fees

\$100 per student (includes materials and tshirt)

Participant or Parent/Guardian Information

Name: _____
 Relationship to Participant: _____
 Address: _____
 City, State, Zip: _____
 Parents' Email: _____
 Main Phone: _____
 Other Phone: _____

Emergency Contact

Name: _____
 Relationship to Participant: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

I hereby release and discharge any and all claims for damages including personal or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the said event. This release is intended to discharge in advance The Town of Huntingdon, its offices, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks is to be binding on my error and assigns. The Dixie Carter PAC, and/or The Town of Huntingdon have my permission to use my name, photograph, and film footage of me if they choose to do so. My signature below reflects that I have read and understand the entire registration form, liability release, parental consent and consent to treat forms, and agree to all of their terms and conditions.

Participant or Parent/Guardian Signature _____

**Scholarship for grades K-12th ONLY
 Parent Information**

Father or Guardian: (please print) _____
Signature: _____
 Home Address: _____
 City, State, Zip: _____
 Phone number: _____
 Email: _____
 Occupation: _____
 Employer: _____
 Annual Income: \$ _____

Mother or Guardian: (please print) _____
Signature: _____
 Home Address: _____
 City, State, Zip: _____
 Phone number: _____
 Email: _____
 Occupation: _____
 Employer: _____
 Annual Income: \$ _____

Dependents (excluding applicant):

| age | relationship | full or partial dependence |
|-----|--------------|----------------------------|
| | | |
| | | |
| | | |
| | | |

Do you own your own home or rent? _____
 Without a scholarship, would the student be able to attend the class? _____
 Amount of Scholarship requested: \$ _____

On a separate piece of paper, please answer the following questions and attach to registration form.

- List student's areas of special interest. (school/extracurricular)
- List student honors and/or special training.
- What are the student's educational and career goals?

If you submit late or do not include the above questions your child will not be considered.

Scholarships will be considered each semester and awarded on the basis of financial need and merit. All personal information will be kept confidential by members of the scholarship committee. The committee looks forward to helping with this request. You will be notified by the 2nd class of decision.



**Fall 2017
 Semester**



**The Dixie Carter Performing Arts & Academic
 Enrichment Center**
 Home of The Hal Holbrook Theatre
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