

STUDIO 217

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Please complete and send with payment to: **Acting Ensemble**, PO Box 456, South Bend, IN 46624

Registration Form

registration for h
EVENT: ACTING CLASS FOR THE UNINITIATED
Name:
Address:
Phone: Email:
Total due: \$125.00
Payment:Cash (pay at door only; do not send cash in the mail)
Check enclosed MasterCard Visa
Card number
Name on card
Expiration date: Security Code:
Authorizing Signature: