

Registration form for Summer 2011 Performing Arts Workshops - VA

Child name _____ Age _____

Likes to be called _____

Things instructors should know (this information will be private and confidential between you and our instructors):

Child interests (arts and other):

Siblings and ages: _____

Parent(s) name(s): _____

Address: _____

Name of person and Phone (primary number for emergencies): _____

Cell: _____

Email(s): _____

Classes registering for (\$69/workshop)

Workshop	Friday July 15 10am- noon	Friday July 15 1-3pm	Saturday July 30 10am- noon	Saturday July 30 1-3pm	Sunday August 21 10am- noon	Sunday August 21 1-3pm
All workshops will include music and movement and improvisation l acting		For children with autism spectrum disorders only				

Total: _____

Make personal and bank checks payable to WellPlay Inc.

Send to

2200 Wilson Blvd

Suite 102-359

Arlington, VA 22201

Attn: Dr. Michael Pizzi

Payments can also be made via Paypal at mpizzi58@gmail.com

We do not accept credit cards.

If any questions please contact Dr. Michael Pizzi at 347-385-4207