

WISDOM OF THE MASTERS PARTICIPANT REGISTRATION

NAME _____ **DATE OF BIRTH** _____

ADDRESS _____

CITY _____ **ZIP** _____

EMAIL _____

CELL _____ **EMERGENCY CELL** _____

EMAIL _____

Participant spots will be filled on a first come/first served basis, and confirmed upon receipt of completed payment. Fees are non-refundable.

Observer seats may be available at the door. Proof of vaccination and masks required.

Tuition: \$40 for participant

**To secure your spot, please pay online at NoSquare.org
or via PayPal or Venmo @NoSquare-Theatre.**

I, the undersigned, understand that by registering, I am obligated to pay tuition and under no circumstances will tuition be refunded.

In consideration of your accepting my registration, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights or claims for any damages I may have against No Square Theatre and all injuries sustained or suffered by myself at any given activity sponsored by No Square Theatre. I do hereby verify that I fully understand and accept the preceding conditions for permitting in No Square Theatre programs.

I hereby give my consent to have photos and/or videos used for promotional purposes for No Square Theatre (i.e. website and flyers).

Signature

Date

**Registration forms should be scanned or photographed, then emailed to
ArtisticDirector@NoSquare.org**