

# LIGHTS -CAMERA -ACTION TV COMMERCIAL WORKSHOP ENROLEMENT FORM

Student First Name:	Las	t Name:				
Address:						
Phone: ()	Ema	Email:				
Cell Phone: ( ) Age	e:	Date of Birth:	1	1		
Kids TV Commercial Casting Workshop takes pate: SATURDAY 30 <sup>TH</sup> SEPTEMBER, 2017	olace on:					
Start Date of Workshop commencement:	1	/ 2017				
Referred to LCA workshops by?						
Name of your Agent (If any) :						
Please tick course to be attended below:  10-14years @ 2.5 hours = R350 each Time: 9am - 11.30  6-9 years @ 2 hours = R300 each Time: 12pm - 2pm						
2 - 5 years @ 1½ hours = R250 each (T <u>Time:</u> 2.30 - 4pm	his shoul	ld be after nap time)				
Person responsible for payment:						
First Name:	_	Last Name:				
Address:	Division					
	Phone:	( )				
Email:						

#### Method of Payment:

The total amount of workshop tuition fees is R \_\_\_\_\_\_. In order to secure your place in the class, a deposit of 50% of the total amount must be payable in advance. Full payment for the TV commercial acting workshop course needs to be settled 48 hours before commencement date.

## Banking details:

Name of Account: Lights Camera Action CT

Branch Name: First National Bank

Branch code: 204009

Account Nr: 62592795581

Account: Current Account

Reference: Learner's name



Scan the QR code to pay.

## Cancellation:

In the event that the student is unable to attend classes in terms of the dates booked and stipulated on this application, a 48 hour cancellation notification is required (from the time that classes are due to commence). This will grant the student only one opportunity to re-apply for the On-Camera Workshop at no extra cost.

Should the student fail to give requisite notice within 48 hours as per the above notice, that the application monies will be withheld.

<u>Please note:</u> Lights Camera Action reserves the right to change, with prior notice, the course structure and/or schedule.

#### Disclaimer:

Lights Camera Action's directors, coaches, members, employees, agents and staff will not be held responsible for any loss, damages, actions proceedings, liability, claims, costs, injury and expenses arising out of student's attendance whilst on the premises where the course is being held.

In the event of cancellation, please contact Channa on 082 948 3533.

I hereby acknowledge that I have read and understand the contents of the above agreement.

Signed: Full Name: Date: / /

(Please note that we require a minimum of x5 people per course – In the unlikely event that the minimum number is not achieved for your particular course, no refunds will be given and you will be booked on the next available workshop).