



Registration form

Last name: _____

First name: _____

Address: _____

Phone number: _____

Any allergies, if yes, please specify: _____

Emergency contact info: _____

How did you hear about us? : _____

Would you like to be added to our mailing list? YES NO

Choose the course(s) you wish to register for:

Some discounts may apply but are not listed on this form

Prices do not include taxes

- The Audition Masterclass (Course fee \$900)
- Voice-Over (Course fee \$750)
- Online learning (Course fee \$750)
 - On-Camera Audition
 - Voice-Over
- Improv class (Course fee \$750)
- Youth classes (Course fee \$750)
 - Audition
 - Improv
 - Voice-Over

Choose the date(s) you wish to register for:

- Pilot season (January to March)
- Series season (April to June)
- Summer season (July to September)
- Series season II (October to December)

Story Institute Inc.

320 – 640 W. Broadway Street

Vancouver, BC V5Z 1G4, CANADA

Phone: 778-222-8677

Email: admissions@storyinstitute.ca

Web: storyinstitute.ca



Choose your preferred payment plan:

- Full payment
- Monthly payment (pre-authorized payment only)

Preferred method of payment

for more information please check the payment instructions

- E-transfer
- Cheque/Money order
- Credit card/Debit card
- Pre-Authorized payment
- Cash
- Wire transfer

Terms and conditions:

I, _____, Student or the parent or legal guardian of (if child) _____ grant Story Institute my permission to use the photographs taken for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I, _____, also agree to make payments on the specified dates and the agreed amounts stated on the preferred way of payment.

For any cancellations, there is a fee of 35% of the remaining of the class (*conditions may apply*)

I understand the consequences that will be brought against me if the contract is violated.

Name: _____

Date: _____

If student is under 18,

Legal guardian name and signature: _____

Signature: _____

Authorized by (Story Institute):

Name: _____

Date: _____

Signature: _____