

Adult Registration

s/ Activity:	Today's Date:	Start Date:
Name:		
Age: (opt)		
Street Add	ress:	
Town:	State:	Zip:
Home/Cel	l Number:	
Other Num	ıber:	
E-Mail:		
	Please call with any questions. 860-354- Email: vca@villagecenterarts.com	4318
	Make Checks Payable to VCA	
	12 Main Street New Milford, CT 06776	
SIGNED:	DA	ATE:

I, authorize Village Center for the Arts to record on video tape, photography, voice recording, or interview through print or other media, artists first name, voice, image, artwork, and or performance for informational programs, reports, and promotional materials to be used for non-commercial purposes. I understand that neither the artist or VCA will receive compensation for this appearance and no private individual will receive compensation of any kind as a result of broadcasting this material.

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