

## HARRINGTON OPERA HOUSE SOCIETY

Preserving Our Heritage

PO Box 618, Harrington, WA 99134 www.harringtonoperahouse.org

## **CLASS REGISTRATION FORM**

Name (please print clearly)		
Email	Primary Phone	Text? 🗆
Mailing Address		
Age Under 19: Age or grade	Adult: 19-30	Over 65 □
Class in Which You Wish to Enroll		
Title/Description <u>Learn to Play the Mod</u>	untain Dulcimer - Fall 2025 Series of 5 Gro	oup Lessons
Instructor(s) Karen Robertson		
Date(s) & Time(s) <u>2:30 – 4:00 PM or</u>	Mondays - Oct. 27, Nov. 3, Nov. 10, Nov.	17, Nov. 24
Class Fee \$ 125_ Make check paya	ble to the Harrington Opera House Societ	у
	OOK: Appalachian Dulcimer for Beginners & Aith CD by Bob Webb	
Provided by student: _Dulcimer, C	apo (optional but highly recommended – can be pr	urchased after classes start)
(Dulcimer rental	available - \$20 for the series. Contact Karen Rob	pertson for details)
RSVPs  Required in advance. Email Required	obertsonkaren54@gmail.com or call/tex	t 509-590-9287
(A) XV	eferred in advance.  Iouse Society, PO Box 618, Harrington, W  tonoperahouse.org Or bring to first class	A 99134
Class Fee- paid in advance or brought to	o first class session. (Check payable to the Harri	ngton Opera House Society)
Scholarship needed ☐ (Request in advance	ce)	
Student Information: Please describe why you (NO experience necessary	want to learn to play the dulcimer and any music exp	perience you might have.

## **HOHS CLASS REGISTRATION FORM – Page 2**

## **HOHS CLASS WAIVER**

In consideration of my (or my child's) participation in this program, I hereby release and discharge The Harrington Opera House Society (HOHS) and its representatives, volunteers and instructors, from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (our) participation in this program. I understand that a parent or guardian must sign for anyone under the age of 18. Unless indicated below, I do hereby grant and give The Harrington Opera House Society the right to use my or my child(s) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

My / My Child's Name	Class/ Program
Please print parent/guardian name for minor participants	
My / Parent or Guardian signature	
Date	
$\square$ I do NOT give permission for photos of me or my child to be u	ised for HOHS promotion
☐ I request pre-approval for use of any images of myself or my o	child with or without name