

REGISTRATION

NAME: _____

BEST WAY TO CONTACT YOU & TIME: _____

ALTERNATE: _____

ADDRESS: _____

CELL PHONE NUMBER: _____

WORK PHONE NUMBER: _____

HOME PHONE NUMBER: _____

EMAIL ADDRESS: _____

ALTERNATE EMAIL ADDRESS: _____

EMERGENCY CONTACT: Name: _____

Phone Number: _____

It is my understanding that attendance is of great importance and that absences and tardiness are not acceptable, and will have a negative effect upon my fellow classmates and my ability to learn. Therefore, I will make every effort to be in class. All classes are structured with a two or three-month commitment. Deposits are *non-refundable*. There are no credits for time missed other than a booked acting job or a matter discussed well in advance and approved by the studio. Thank you-

Signature of acceptance required
CONTINUE TO NEXT PAGE

CLASS INFORMATION

CLASS ATTENDING: _____

START DATE OF SESSION: _____

**DEPOSIT REQUIRED- FOR FIRST TIME STUDENT &
EACH CLASS THAT YOU REGISTER FOR**

Must be received a week prior to the start date of class

(\$65./Paid by: Check, PayPal, Cash or Money Order

Deposit will be applied to 1st Month's Tuition)

(Note a \$5. fee will be applied to all PayPal transactions)

DEPOSIT (1ST TIME STUDENT) _____

SESSION/CYCLE ONE 1st MONTH _____

2nd MONTH _____ ONLY 2 MOS. AUDITION

3RD MONTH _____

ONGOING CLASSES

CYCLE TWO 1st MONTH _____

2nd MONTH _____

3RD MONTH _____

CYCLE THREE 1st MONTH _____

2nd MONTH _____