

Acting Center Class – Application

Clearly Print Please

Name: _____ Age: _____ Male ___ Female ___

Phone _____ - _____ - _____ Cell _____ - _____ - _____ Emergency Contact: _____ # _____ - _____ - _____

Email: _____

Mailing Address: _____
_____ City _____ State _____ Zip _____

Under 18Grade: _____ Parent's name: _____

Please mark class you plan to attend (x) Please note your start date

() Acting Class Date _____ () Life Skills.....Date _____

() Vocal – Date _____ () Hip HopDate _____

() DanceDate _____ () Clowning..... Date _____

() horsemanship..... Date _____ () Vocal – Intermediate..... Date _____

() Private Lesson _____ Date _____ () Modeling – Date _____

() Specialty class _____ Date _____

Any experience? () Yes () No If yes, explain: _____

What are you expecting to get out of this class? _____

Referred By? _____

() Park & Rec () Acting Center () Web Site () Agent () Friend name _____

What are your goals in this Industry? _____

Do you have an Agent? _____ If yes, who _____

Most Classes held at **The Acting Center:** 4409 Riverbend Ave. (Dance Me Cassini)

Exit 2 at the Factory Outlet Mall, Post Falls Idaho inside Dance Me Cassini

Checks payable to: The Acting Center ***Mail to: P.O. Box 111 Rathdrum, Idaho 83858***

() I have already paid through Park and Rec Classes: 8 sessions / 4 sessions / single session

Amount Paid \$ _____ Cash / Credit / Check # _____ number of sessions signed up for _____

CC _____ Exp date ____/____

Name on Card _____ Zip _____

Your Signature

Date

Parent or Guardian Signature

Date