

The Actor's Workshop

Registration Form for Intro Workshop (Fundamentals of Acting)

Name: _____

Address: _____

City & Zip: _____

Phone(s): _____

E-mail: _____

General Experience: _____

Referred by: _____

PAYMENT POLICY

The student is responsible for the entire class fee and agrees to this upon enrollment. Class fees are non-refundable. I understand the terms stated above and agree to be responsible for paying the class fees in their entirety.

Signed: _____ Date: _____

PROGRAM POLICIES

1. Actors are expected to arrive to class on time. Actors must inform The Actor's Workshop in the case of an absence from or a late arrival to class.
2. Actors are asked to dedicate adequate time outside class to prepare assignments and to attend class with as much preparation as possible.
3. Actors are required to turn off cell phones and/or other devices during class. Adequate time will be given during breaks to check messages.
4. Actors are expected to embrace a culture of excellence.

FOR OFFICE USE ONLY

Registration Date:
Day & Time:
Notes:

Class:
Class Start Date: