

Brad's Class

COLLEGE AUDITION WORKSHOP REGISTRATION FORM

SPRING SESSION
MARCH 1 – APRIL 26
10:30 a.m. – 2:00 p.m.

STUDENT NAME: _____

STUDENT ADDRESS: _____

STUDENT PHONE: _____

STUDENT EMAIL: _____

PARENT NAME: _____

PARENT ADDRESS: _____

PARENT PHONE: _____

PARENT EMAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

PAYMENT INFORMATION:

- ___ Enclosed is a check for \$100 made out to BRAD GREENQUIST as a deposit to reserve my spot in the workshop. I understand that the deposit is non-refundable.

- ___ I have paid \$100 on-line to reserve my spot in the workshop. I understand that this deposit is non-refundable.

- ___ I prefer to pay in cash. Please email me so that we can arrange a time to come by the studio and pay my \$100 deposit. I understand that this deposit is non-refundable.

STUDENT INFORMATION:

What is your favorite play? _____

What is your dream role? _____

What schools are you thinking about applying for? _____

If you have a headshot and/or an acting resume, please bring it to the first class.

If you have any monologues that you would like to try out in the Workshop, memorized or not, please bring them to the first class.

Please always wear comfortable clothing that allows for movement.

All electronic devices must be turned off during instruction hours.

We understand that Brad's Class College Audition Workshop does not guarantee admission to any College or Professional Actor Training Program.

We acknowledge that all fees are non-refundable.

We agree not to disseminate any class material in any way. We also agree not to disseminate any passwords given to the student for access to class materials.

Student Name (printed)

Student Signature

Date

Parent Name (printed)

Parent/Guardian Signature

Date