



ACTeen Spring Program Registration Form

Spring Program

Before filling out this form, please contact Rita Litton, ACTeen Director, to schedule an interview. After being interviewed and informed of your acceptance, please print this form, fill it out, and return, with check made out to "ACTeen Inc.," to:

Rita Litton
ACTeen Director
35 West 45th St.
New York, NY 10036.

Date: _____

(Note: Discounts apply to date payments are received at ACTeen):

Date of Birth: _____

Age: _____

Student's Name

First: _____ Last: _____ Initial: _____

Current Mailing Address

Street/Apt.: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Parent Cell Phone: () _____ Student Cell Phone: () _____

Parent E-mail: _____ Student Email: _____

Father's Name: _____ Mother's Name: _____

Father's Business _____ Work Phone:() _____

Mother's Business _____ Work Phone:() _____

Agent/Manager (list only if you have representation): _____

I, _____ [student's signature], have read the ACTeen brochure, schedule, inserts, etc., and understand the terms, fees, conditions, cancellation, make-up policies, etc., and wish to enroll in:

I, _____ [parent's signature if student is under 18], have read the ACTeen brochure, schedule, inserts, etc., and agree to the terms, fees, conditions, cancellation, make-up policies, etc.

Registration confirms consent to allow ACTeen permission to use student's comments and/or photograph in ACTeen promotional materials. Please enroll the above student in:

