



# ACTeen Winter Program Registration Form

## Winter 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: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Parent E-mail: \_\_\_\_\_ Student Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Business \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Mother's Business \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_ Mobile 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. Please enroll the above student in:



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Please check choices and list electives in order of preference. If possible list alternate 2nd or 3rd choices of section or workshop.

ADV. COMMERCIALS:	Sec. 1 _____	Sec. 2 _____	Sec. 3 _____
COMMERCIALS:	Sec. 1 _____	Sec. 2 _____	Sec. 3 _____
FILM TECHNIQUE:	Sec. 1 _____	Sec. 2 _____	Sec. 3 _____
FILM TECHNIQUE II:	Sec. 1 _____		
FILM SCENE STUDY:	Sec. 1 _____	Sec. 2 _____	
FOUNDATIONS OF ACTING	Sec. 1 _____		
IMPROVISATION:	Sec. 1 _____		
SPEECH & VOICE:	Sec. 1 _____		
SPEECH II:	Sec. 1 _____		
THEATER:	Sec. 1 _____		

@ Deposit Minimums (incl applic fee):

One Course:----- Deposit= \$225

Two Courses---- Deposit = \$425

Three Courses---Deposit = \$625

Four Courses----.Deposit = \$825

Checks are payable to: "ACTeen Inc."

1. Tuition Total:	\$ _____
2. Multiple Course Discount(s):	- \$ _____
3. Adjusted Tuition Total:	\$ _____
4. Deposit Required (\$200 per workshop):	\$ _____
5. Add Application Fee (+ \$25). If paid list '0':	\$ _____
6. Deposit Enclosed (add #4 and #5):	\$ _____
7. ** Balance Due:	\$ _____

(If deposit minimums are paid a tuition balance will be due.  
We appreciate tuition in full at registration if possible (\$375, \$700, etc.)

\*\* Due by Deadline

**Please send checks or money orders payable to: "ACTeen Inc." No Credit Cards !**

Please Note: Application fee (\$25 per term) must accompany deposit fees (\$200 per wkshp). A late fee charge of \$50 per workshop will be charged for balances not received by deadline. There is a \$20 charge for returned checks.

Replacement must be by cash or money order.

Student Signature/Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Parent/Guardian Signature/Date: (if Student is under 18 years of age) \_\_\_\_\_

Please Print Name: \_\_\_\_\_

With the exception of the summer sessions, cancellations signed by a parent and received in writing two weeks before the start of term will be given a full refund (less the nonrefundable application fee). No refunds with less than two weeks notice or after classes have begun for any reason.