



Enrollment Agreement

SECTION 1: STUDENT INFORMATION

Enrollment Date _____

Name _____ Mobile Phone _____
 Address _____ Home phone _____
 City/State/ZIP _____ Work phone _____
 Email Address _____ Date of Birth _____ Gender: Male Female

SECTION 2: COURSE INFORMATION

Date of Course ____/____/____ Tuition \$ _____

- | | |
|---|--|
| <input type="radio"/> Business / Coaching
<input type="radio"/> Screenwriting - Class name: _____
<input type="radio"/> Directing - Class name: _____
<input type="radio"/> Acting - Class name: _____ | <input type="radio"/> Get Serious About Lightening Up
<input type="radio"/> The Artist's Way
<input type="radio"/> Other _____ |
|---|--|

SECTION 3: STUDENT GOALS

1. Do you have a mentor? Yes No
2. What do you want to achieve most? Do you feel ready for it?
3. Do you have a personal or professional vision? If so, what is it?
4. What would you say have been your 3 greatest accomplishments to date?
5. What is your background/experience?
6. Who are and/or have been your major role models? Why?
7. List improvements you would like to make as a result of this class.
8. What would you like me to do if you get behind on your goals?
9. Here are various ways clients work with me. Check those which appeal to you.

<input type="checkbox"/> Brainstorming strategies together <input type="checkbox"/> Support, encouragement and validation <input type="checkbox"/> Insight into who you are and your potential <input type="checkbox"/> Painting a vision of what you can become or accomplish	<input type="checkbox"/> Exploring and removing blocks and obstacles to your success <input type="checkbox"/> Accountability; checking up on goals <input type="checkbox"/> Working through self-improvement goals together <input type="checkbox"/> Suggesting or designing action steps
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SECTION 4: Referrals: I found you through/was referred to you by: (Please check all that apply):

Internet Search My Agent/Agency (_____) Friend/Family (_____) Other:(_____)



Student Information Form

Student Name: _____
First MI Last

Stage Name:
(If different) _____
First MI Last

I am a: (Please check all that apply):
 Actor Director Producer Writer Other:(_____)

Mailing Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Fax: _____

E-mail Address: _____

Web Page and/or Myspace Address: _____

Agent/Agency: _____

Experience: _____

Courses offered you would like to take: _____

Courses you would like to see offered: _____

I found you through/was referred to you by: (Please check all that apply): Internet Search
 My Agent/Agency Friend/Family Name/Other:(_____)