

CLAY BANKS FILM ACTING STUDIO
APPLICATION FOR ENROLMENT

START DATE:

CLASS:

NOTES:

[administration use only]

(PLEASE PRINT CLEARLY)

1) Name (the name you go by) _____

2) Address _____

City _____ Zip _____

3) Primary Contact Phone # _____

4) **Email Address** _____

5) How long in the LA area _____ Home Town _____

6) Union () Non-Union () Eligible ()

7) Your primary career focus (Film, TV, Commercial, Theater, Not sure)

8) What do you believe is your strongest gift/talent/ability?

10) Weaknesses? _____

11) How did you hear about Clay Banks Studio - who do we thank?

FILM ACTING is an ongoing discipline. Your signature indicates that you have read, understand and are committing and adhering to the '**Studio Guidelines & Requirements**'. These '**Guidelines**' are to ensure a safe and professional environment for each student to study professional film acting/directing, while growing & developing as individuals. You are also committing to the study of the craft of acting/directing; it's artistry and discipline. **Sign after student orientation and reading all GUIDELINES.**

Signature _____ Enrollment Date _____
(Sign after reviewing Studio Guidelines)

Form of Payment _____ Initial Amt Pd _____

Payment Info _____

Card # - Exp Date - CSC Code (# on back of card) - Billing Address - OR - Check #

*This information is strictly confidential. It's for the sole use of the instructors of **CLAY BANKS STUDIO**, to better conduct their classes. You will also be receiving our complimentary Studio Call Sheet that will keep you up to date with all studio activities.*