

Adult Acting/ The New Acting Company Registration Form

Name: _____ Occupation: _____

Address: _____ Apt. #: _____

City: _____ Zip: _____

Home Number: _____ Date of Birth: _____ SEX: _____

email: _____

I agree that photographs taken of me during class hours may be used for promotional purposes by The New Acting Company, but will not be used by other organizations without written consent.

TITLE OF CLASS	DAY	Class		CLASS FEE
Adult ONE				
Adult TWO				

Refunds less \$70.00 anytime through 1st class.

TOTAL: _____

Signature: _____ Date: _____

***Make checks payable to: The Children's Aid Society**

Or Call: 212-254-3074 EXT 126/124 to reserve your space via credit card.