



715 N. B Street, Lake Worth, FL 33460

Fall Youth Actor's Academy 2008

Name of Actor _____ M ___ F ___ Age ___ Grade _____ DOB _____

Name of Parent or Guardian _____ Work Phone _____

Address _____ City _____ State ___ Zip _____

Home Phone (____) _____ Cell (____) _____ E-mail _____

Please check class

September 8 thru November 15

5 - 7 year olds Storybook Theatre
Saturdays 10:00 a.m. - 11:30 a.m. # of actors ___ @ \$175. = _____

8 - 12 year olds
Pre-Teen Acting
Mondays 4:30 - 6:00 p.m. # of actors ___ @ \$175. = _____

Scene Study
Wednesday 4:30 - 6:00 p.m. # of actors ___ @ \$175. = _____

Creative Drama I
Saturdays Noon - 2:00 p.m. # of actors ___ @ \$250. = _____

13 - 17 year olds
Scene Study/Acting Technique
Tuesdays 5:00 - 7:00 p.m. # of actors ___ @ \$250. = _____

Physical Acting and Advanced Improv
Thursdays 5:00 - 7:00 p.m. # of actors ___ @ \$250. = _____

Creative Drama II
Saturdays 3:00 p.m. to 5:00 p.m. # of actors ___ @ \$250. = _____

THERE IS A 10% DISCOUNT FOR EACH ADDITIONAL CLASS TAKEN BY A STUDENT AFTER THE FIRST CLASS.

THERE IS A 10% DISCOUNT FOR SIBLINGS.

For each family, who is not presently a member of AWRC, there is a single lifetime registration fee of \$35.00. A \$100.00 deposit per participant is also required; both are non-refundable and payable at time of enrollment. This will ensure a space for the actor, as space is limited. Balance of tuition is due the first day of class. **Please make checks payable to Bob Carter's AWRC, include the \$35.00 single lifetime registration fee, if applicable, and MAIL TO: Actors Rep. 715 N. B Street, Lake Worth, FL 33460. Thank you.**

Payment Choice: Check No: _____ Amount _____

Credit Card: (Circle one) Visa Master Card Discover American Express

Account Number: _____ Exp. Date _____

Signature _____