

**CLAY BANKS FILM ACTING STUDIO**  
**APPLICATION FOR ENROLMENT**

START DATE:

CLASS:

NOTES:

[administration use only]

\*\*\*(PLEASE PRINT CLEARLY)\*\*\*

- 1) **Name** (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?  
\_\_\_\_\_

**All personal and payment information is strictly confidential**

Signature \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Form of Payment \_\_\_\_\_ Initial Amt Pd\* \_\_\_\_\_

Payment Info \_\_\_\_\_

Card # - Exp Date - 3 Digit Code (# on back of card) - CC Billing Address - OR - Check #

*\*All refunds on deposits are null and void after 45 days from receipt.*

**WWW.CLAYBANKSSTUDIO.COM**