



**Adult Classes - REGISTRATION FORM**

Please print and fill out this form and mail (or fax) with payment to:

Austin School of Film @ Motion Media Arts Center  
1634 E. Cesar Chavez  
Austin, TX 78702  
Fax Number: 512.857.1082

Class Name: \_\_\_\_\_

Session Date: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone (hm): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact (*optional*): \_\_\_\_\_

Special Instructions (*optional*): \_\_\_\_\_

**PAYMENT**

You may either pay tuition in full or pay half to guarantee a seat; the second half will be due 7 calendar days before the start date of the first class. Please make checks and money orders payable to AUSTIN SCHOOL OF FILM:

**(Please check one)**

Money Order       Cash       Check       Pay Pal

Amount Included: \_\_\_\_\_

**THANK YOU!**