

# ASoF

**Austin School of Film**

## Digital Media Center - REGISTRATION FORM

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

Austin School of Film  
@ Motion Media Arts Center  
906 E 5th Street, Ste. 106  
Austin, TX 78702

Fax Number: 512.857.1082

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

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

Student's Name: \_\_\_\_\_  
*Last Name* *First Name* *Middle Initial*

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

\_\_\_\_\_

*City* *State* *Zip Code*

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

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

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

Phone : \_\_\_\_\_

### PAYMENT

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

Cash       Check       Money Order       Pay Pal