



Youth Classes - CYC 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: _____

Date of Birth: _____

Guardian Name: _____

Guardian/Student Address: _____

City / State / Zip: _____

Guardian Phone (hm): _____ Phone (cell): _____

E-mail (guardian): _____

E-mail (student): _____

Emergency Contact Name & Phone Number: _____

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!