



The First Step • The Actors' Centre
Actors' Workshop Advanced and Professional Programs



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WORKSHOP REGISTRATION SHEET

Workshop Title: _____

Course Amt: _____ Cash Cheque Debit

Name: _____ Age: _____

Birth date (m/d/y): _____ Sex: M / F

Address & postal code: _____

Home phone number: _____

Cell phone: _____

Fax number: _____ Other: _____

E-mail: _____

Agent (Name/Contact): _____

Emergency Contact Name: _____

Emergency contact number: _____

Relationship to contact person: _____

How did you find us: _____

Student Signature

Date