

ASoF

Austin School of Film

CENTER FOR YOUNG CINEMA (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
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*

Date of Birth: _____
Month *Day* *Year*

Guardian Name (s): _____

Address: _____
Street

City *State* *Zip Code*

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

E-mail (s): _____

Emergency Contact: _____
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