

ACTING STUDIO CHICAGO

ENROLLMENT AGREEMENT

I agree to commit myself fully to this class for the next eight weeks. My commitment will, most importantly, include an open mind and positive outlook about my potential for growth as an actor, and a willingness to take risks and have fun.

I also agree to get all I can from this class by arriving on time and being prepared each week and keeping my absences to a minimum. I understand that if I need to miss a class or if I am going to be late, *I must contact* Molly Hall or Gail Rastorfer as soon as I know and let them know the reason for my absence. I also understand that if I miss *two consecutive* classes or *three classes total*, I will need the permission of my instructor to continue with the class.

DROP POLICY

I understand that if I need to drop this class for any reason, I must notify the office no later than 24 hours prior to the second class. Any tuition paid towards the class, ***except the non-refundable \$100 deposit***, will be held at Acting Studio Chicago for 1 year and I may use it for any class I choose, I will, however lose my ***non-refundable deposit***. **If I do NOT notify the office at least 24 hours prior to the second class then I am responsible for the entire tuition for my class by the 3rd week of the JULY 2008 term.**

PAYMENT POLICY

If I am going to need a payment plan, I agree to the following arrangement for payment. I will break down my remaining balance into 2 equal payments over the first two weeks of class. I agree to add a \$10 fee to my tuition to cover the additional administrative and bookkeeping work. I understand that my valid credit card information will be kept on file and agree that my credit card may be charged to cover my outstanding balance. If I go over the first two weeks with payments *for any reason*, I understand I will be charged an extra \$25 fee. If I do not make payment by the third class I understand I may not be permitted to take class until the remaining balance is paid.

I agree to pay the \$25 charge for any returned checks.

And I will, if I have an emergency or need to make changes to this payment plan for any reason, I agree to notify Molly Hall or Gail Rastorfer at the office as soon as possible, 312.527.4566

I do hereby fully release, discharge and indemnify Acting Studio Chicago and its employees, agents and representatives from any and all claims which may accrue on account of my participation.

PAYMENT PLAN

Beginning Balance: \$295.00 (+ \$10 payment plan) =

DATE	Amount Paid	Remaining Balance
05/30/08	\$295	0

Student Name: Doe, Mary
Class: Adv. On Camera with Matt Mill - July 2008

Signed _____ Date _____