

# The Company Acting Studio

5269 Buford Highway Suite 18 Doraville, GA. 30340  
404-607-1626 ph [www.thecompanyactingstudio.com](http://www.thecompanyactingstudio.com)

Sign and return with payment to address above. Email confirmation sent when received.

Student Name_____	Date of Birth _____	Sex: <u>M</u> <u>F</u>
Parent or Guardian _____		
Street Address _____		
City _____	State _____	Zip _____
Phone _____		
(We send text alerts for weather closings and other important messages. You can opt out at any time.)		
Email _____		

## 1. CLASS:

Teen Program Saturdays 2:00-4:30 PM (\$120 per month / \$90 for Nov & Dec each)

## 2. FINANCIAL AGREEMENT

Payment is due on the 1st of the month.

Responsible Party \_\_\_\_\_

**AUTO-PAY OPTION: PLEASE AUTOMATICALLY CHARGE MY CC BELOW ON THE FIRST OF THE MONTH. I AGREE TO THIS OPTION BY INITIALING HERE \_\_\_\_\_**

Start Month           

Credit Card Information:

**MASTERCARD OR VISA ONLY**

**There is a \$3.00 processing fee per transaction**

MC\_\_VISA\_\_ Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVC # \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Payment is considered late as of the 5th of a month. Late fees apply after the 5th. If you do not remit payment by the 15th your contract will be terminated and you cannot return to class. There are no refunds for absences. If you have a circumstance and need assistance, please reach out before payment is due to discuss options. We will help where we can. I understand and agree that there are no refunds for absences.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date