

# act one

## Alumni Enrollment Form

Form Due 30 Days Before Start of Each Course

### I. Contact Information

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

When did you take the Writing Program? \_\_\_\_\_

(Please include the year and whether it was the Summer Program or the Saturday Program.)

### II. Courses

Check all courses for which you are enrolling.

<input type="checkbox"/> Writing Workshop	Jan. 23 – March 13, 2010	\$1,500
<input type="checkbox"/> Writer's Spiritual Journey	Jan. 23 – March 12, 2011	\$1,000
<input type="checkbox"/> TV Track	March 29 – July 15, 2010	\$350
<input type="checkbox"/> Feature Track Small Group Mentoring	March 29 – August 28, 2010	\$750
<input type="checkbox"/> Feature Track Individual Mentoring	March 29 – August 28, 2010	\$750
<input type="checkbox"/> Writing Workshop	July 10 – August 28, 2010	\$1,500
<input type="checkbox"/> TV Track	Sept. 13, 2010 – Feb. 13, 2011	\$350
<input type="checkbox"/> Feature Track Small Group Mentoring	Sept. 13, 2010 – March 12, 2011	\$750
<input type="checkbox"/> Individual Mentoring	Sept. 13, 2010 – March 12, 2011	\$750

If you checked a Mentoring course, are you:

Local

Out-of-town (will participate via phone conference)

### III. Questionnaire—Short Answer

Please answer the following, no more than one paragraph each, on a separate piece of paper.

1. List all writing projects since taking the Program. Did you complete them? (Yes or No)
2. What do you feel are your strengths as a writer?
3. What do you feel are your weaknesses as a writer?
4. Describe your spiritual journey since completing the Writing Program.
5. How do you hope these programs will help you reach your goals?

### IV. Current Writing Sample

Please attach up to ten pages of a script that you feel represents your best work.

### V. Deposit

Enrollment must be accompanied by a **30% deposit** for each course you are enrolling. Please make checks payable to Act One, Inc.

Manner of payment: Check  Money Order  Visa  MC

CC# \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Send enrollment form to Act One attn: Programs 2690 Beachwood Dr. Hollywood, CA 90068