

**ORANGE COUNTY CRAZIES**

**APPLICATION**

**“LITTLE CRAZIES” CHILDREN’S WORKSHOP**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**CELL #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**PARENT CONTACT INFO:**

\_\_\_\_\_

**Please list your reason for taking the “Little Crazyies” workshop:**

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\_\_\_\_\_

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**What are your aspirations as an actor?**

\_\_\_\_\_

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\_\_\_\_\_

**What kind of comedy experience have you had as a performer or with classes?**

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**Do you have any characters or do you do impressions? If so, please list them:**

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**What do you hope to get out of this workshop?**

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**Is there anything you would like your instructor to know about you?**

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I, \_\_\_\_\_ (parent/guardian name), hereby grant my permission for my son/daughter, \_\_\_\_\_, to enroll and participate in the Little Crazies Children's Workshop. I understand that OC Crazies will not be liable for any personal, emotional, or physical injury incurred during the course. I understand that I am responsible for the timely drop-off and pick-up of my child before and after class. I understand that payment is due by cash, check, or money order on the date of enrollment. I further understand that if my child cannot make it to the class, there will be no refunds. However, the child may make up the class if/when another Little Crazies workshop is scheduled within the next twelve months period.

I understand that all exercises, lesson plans, and class curricula are the property of the Orange County Crazies and that use of any or all of any parts of the lesson exercises and plans are strictly prohibited. I agree not to use any lessons or portions thereof, without express written permission.

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_