



$\frac{\textbf{STAND UP COMEDY CLASS}}{\textbf{STUDENT APPLICATION}}$

| YOUR NAME: | | |
|--|---------------------------|---------------------------------------|
| ADDRESS: | | |
| HOMEPHONE: | WORI | K PHONE: |
| FAX: | EMAIL: | |
| CELL: | | |
| BIRTHDATE: | | |
| I want to study standup beca | use | |
| If so, please explain: | | ng, improv comedy or stand up comedy? |
| In an attempt to understand r What are your strengths? | more about you as a perso | on, please complete the following: |
| What are your weaknesses? | | |
| | | |
| Explain your occupation and | what you like and dislike | e about it: |
| | | |
| | | |

| What are your hobbies and/or special interests? | |
|--|---|
| What are your aspirations as a standup comic? | |
| As an end result, what do you hope to get out o | of this class? |
| | |
| attention. As such, I understand that my ab Therefore, I agree that when I enroll in a class, day session. Also, I understand that the cla application. Should I become unable to attend refundable. I further understand that all lesson the Orange Crazies and I agree not to use in pa | to a minimum in order to ensure individualized sence may disturb the dynamics of the class. I will be fully responsible for attending the onests tuition is due with the submission of this d the class, I understand that my tuition is nonplans and teaching curricula are the property of art or whole any of its contents without paying an aission by a designated board member of the OC thereof. |
| Sign Name | Date |

Please email to assistant@occrazies.com. You may also register on the OC Crazies website. Call (714) 550-9890 if you have any questions.