

IMPROV @ THE DC IMPROV COURSE REGISTRATION 2010

Please fill in all blank spaces. Please Print Clearly.

COURSE DATES: (please check one):

BEGINNING LEVEL IMPROV (\$215):

MONDAYS, November 8 – December 13 at 7:30 pm – 9:30 pm _____

HAROLD LONG FORM IMPROV LEVEL 2 (\$215):

TUESDAYS, November 9 – December 7 at 7:30 pm – 10:00 pm _____

Plus Graduation Performance on Tuesday, December 14 at 8:15 pm

Prerequisite required. Improv Level 1 or permission from Instructor and Principal.

Name: _____

Street Address: _____

City, State, Zip _____

Phone number (daytime) _____

Phone number (evening) _____

Email Address: _____

Emergency Contact: _____

How will you be paying? (please check one):

Cash_____ **Personal Check**_____ **Credit Card: Visa**_____ **MasterCard** _____ **Amex**_____

Credit Card #: _____ — _____ — _____ — _____

Exp. Date (Month/Year): _____ / _____

Signature: _____

Please answer the following questions:

I. Have you ever taken a class in improvisational comedy before?

Where? When? With Whom?

2. Any theater (other than high school)/movie/television/radio experience?

3. Why are you taking this class? What do you hope to learn/achieve? Have a specific goal?

4. How did you find out about this class?

5. Is there anything we should know about you that would better facilitate your learning experience?

Once payment is made, there are NO REFUNDS or CANCELLATIONS*

Payment must be received prior to date of course to guarantee space

Please return this application form promptly to:

The DC Improv Comedy Club

c/o Allyson Jaffe

1140 Connecticut Ave. NW

Washington, DC 20036

Fax: 202-466-7282

Phone: 202-296-7008

www.dcimprov.com