



Pre -Registration Form

Name of Student (Print) _____

Signature _____

Street Address _____

City, State, Zip Code _____

E-Mail _____

Phone: (Work) _____ (Cell) _____

**If student is under 18 years old, parent or guardian must print and sign name below to give permission for the student to enroll for classes.

Parent or Guardian (Print) _____

Signature _____

*Place a Check (✓) on the Line to the Left of the Class(es) you wish to attend.
Indicate to the Right, the Date Class Begins and the Amount.*

	Date	Amount
_____ IMPROVISATIONS AND THEATRE GAMES	_____	_____
_____ SCENE STUDY / PERFORMANCE CLASS	_____	_____
_____ PRIVATE COACHING FOR ADULTS: • TV Commercials • Basic Acting • Speech	_____	_____
_____ PRIVATE COACHING FOR KIDS: Circle: Ages (6 - 8) (9 - 13) (11 - 13)	_____	_____

PLEASE REGISTER AT LEAST ONE WEEK IN ADVANCE

TOTAL AMOUNT: \$ _____

<p style="text-align: center;">Make Check or M.O. Payable to: Anna Panaro. Mail to: Panaro Academy of Dramatic Arts P. O. Box 19-1482 Miami Beach, Fl. 33119-1482</p>	OR	<p style="text-align: center;">Send payment online: PayPal.com e-mail: annapanaro7@gmail.com use category: FRIENDS & FAMILY</p>
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