



## WORKSHOP APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

(If under 18 yrs of age) Parent or Guardian: \_\_\_\_\_

### Please sign me up for the following workshop:

- ❖ Introduction to modeling–Model’s Group Workshop – (4 hour class) teens & up \$175\_\_\_\_\_
- ❖ “Dare To Dream” – A Pre-teen Model’s Group Workshop – (4 hour class) ages 8-13 \$175 \_\_\_\_\_
- ❖ Private Modeling Instruction - (3 hour class) \$225 \_\_\_\_\_

#### **HOW TO REGISTER: PLEASE FILL OUT AND RETURN TO AGENCY.**

You can also *go on line* and register. If you prefer, you may call the office at 614-475-4258 to give your registration and Visa or MasterCard information, or you can fax your information to 614-475-4691. A minimum deposit of \$50 is required to hold your place in class.

**Please make check payable to: Active Image, 156 Granville St. Gahanna Ohio 43230**

I am including my deposit of \$50 \_\_\_\_\_ I am sending payment in full: \_\_\_\_\_

Master Card \_\_\_\_\_ Visa \_\_\_\_\_

CC# \_\_\_\_\_ Exp date: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please note: No refunds if you reschedule more than 1 time or cancel.*

**All business expenses are tax deductible.**

**Thank you**