



Actors for Autism

Video Game Design Application

Student Name _____ **Date of Birth** _____

Street Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____

Father's Name _____ **Cell** _____

Mother's Name _____ **Cell** _____

The cost is \$250.00 for the 6 weeks which must be paid in full prior to the start of the workshop. If paying by check, please make check payable to Actors for Autism. For credit card payment, please fill out the form below.

I authorize Actors for Autism to debit my credit card for the Video Game Design Workshop.

Credit Card Type - M/C Visa A/E Discover (circle one)

Credit Card Number - _____ - _____ - _____ - _____

Expiration Date - _____

Name on Account - _____

Signature - _____

I understand there is no refund or make up days. My signing my child up for this (6 week) workshop, I will make a commitment to bringing them on time and attending each day of the workshop.

Signature

Date

18344 Oxnard Street Suite 101 Tarzana, CA 91356 Phone: 818-705-1600 Fax: 877-710-1318