

ACCELERATED RADIO SCHOOL OF BROADCASTING

Registration Application (310) 910-9676 Ext. 6

Full Name				Gender		Date of Birth			
Last Name	First Name	Middle Name	Male _____ Female ____	Month 00	Day 00	Year 0000			
Address				Primary Telephone No.					
				()					
				Secondary Telephone No.					
City		State		Zip Code		()			
What's the best way to contact you? Call ____ Email ____ Text ____									
How did you hear about our Program? Radio Commercial: ____ Friend/Family: ____ Other: _____									
What interested you the most about taking our Program?									
Are you able to commit to our Program for the next (4) months without special accommodations?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you attended another Radio Broadcasting school? If so, Name:								YES <input type="checkbox"/>	NO <input type="checkbox"/>
How long did you attend?									
What is your highest level of Education? High School Diploma ____ A.A. ____ Bachelors ____ Masters ____ Doctorate ____									

Registration Acknowledgment		
I certify that my responses to the above questions are true and correct and I understand the financial binding agreement stipulated via submitting this application along with my non-refundable payment of \$50 to register into this program.		
_____ Applicant's Signature	_____ Printed Name	_____ Date