



**STAND UP COMEDY CLASS**  
**STUDENT APPLICATION**

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOMEPHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

I want to study standup because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any background or study in acting, improv comedy or stand up comedy?  
If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In an attempt to understand more about you as a person, please complete the following:

What are your strengths?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your weaknesses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain your occupation and what you like and dislike about it:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies and/or special interests?

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What are your aspirations as a standup comic?

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As an end result, what do you hope to get out of this class?

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I understand that all class enrollments are kept to a minimum in order to ensure individualized attention. As such, I understand that my absence may disturb the dynamics of the class. Therefore, I agree that when I enroll in a class, I will be fully responsible for attending the eight (8) classes and the "Graduation Show". Also, I understand that the class tuition is due with the submission of this application. Should I become unable to attend the series of classes, I agree to send someone in my place. If I cannot send someone in my place and OC Crazies is able to fill my space seven days prior to the class date, I understand I may apply my tuition toward a future class depending on class availability. I further understand that all lesson plans and teaching curricula are the property of the Orange Crazies and I agree not to use in part or whole any of its contents without paying a licensing fee.

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Sign Name

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Date

I understand that all exercises, lessons plans and class curricula are the property of the Orange County Crazies and that use of any or all of any parts of lesson exercises and plans are strictly prohibited. I agree not to use any lessons or portions thereof, without express written commission.

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Sign Name

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Date

Please fax back to (714) 550-0825 or email [Cherie@kerrpr-execuprov.com](mailto:Cherie@kerrpr-execuprov.com)  
Call (714) 550-9890 if you have any questions