



SKETCH AND IMPROVISATIONAL COMEDY SINCE 1990

**ORANGE COUNTY CRAZIES  
CHARACTER DEVELOPMENT CLASS**

**STUDENT APPLICATION**

1) Since you're interested in creating characters, do you know why that is so important to you? Please explain \_\_\_\_\_

\_\_\_\_\_

2) Do you currently have any characters in mind, whether they are fully or partially developed? If so, please list them here with a short description. \_\_\_\_\_

\_\_\_\_\_

3) What interests you most about taking this class? \_\_\_\_\_

\_\_\_\_\_

4) What hesitations or concerns might you have about taking the class (e.g. won't come up with characters, afraid to step up and showcase them...afraid they won't go over well?)

Please explain. (All answers are highly confidential) \_\_\_\_\_

\_\_\_\_\_

5) What do you most want out of the class? \_\_\_\_\_

\_\_\_\_\_

6) What is your occupation? \_\_\_\_\_

7) Please provide any other information about yourself that will aid the instructor in assisting with your goals for this class. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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) instructional classes, plus the "Graduation Show." Also, I understand that the class tuition is due with the submission of this application, and non-refundable for any reason. If I have agreed to pay by check, I understand that I must pay the tuition by the date of the first class, or else the credit card securing my class reservation will be charged.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
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 permission.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

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