

REGISTRATION FORM (RADIO)

Personal Information

Name _____

Address _____

Tel. (home) _____ Bus. _____ Pager _____

Date of Birth _____

Please check which course you'd like to attend:

[] **1** - Classes held twice a week for 6 month term
+ off class studio time

[] **2** - Classes held four times a week Monday
through Thursday for intensive 3 month course + off
class studio time.

Please check which classes you'd like to attend:

Monday and Wednesday 5 p.m. ___ or 7 p.m. ___

OR

Tuesday and Thursday 10 a.m. ___ or 2 p.m. ___

Deposit enclosed : \$ _____ C

Check which radio position(s) interest you:

- Music announcer
- Talk show host
- Newscaster
- Sports anchor
- Sports reporter
- News reporter
- Radio production
- Weather forecaster
- Traffic reporter