LITTLE FISH COMIC BOOK STUDIO SUMMER CAMPS 2023 Kidz Comic Camps (Ages: 7-11) REGISTRATION FORM

(Return completed form to Little Fish CBS, 6822B El Cajon Blvd., San Diego, CA 92115 or email to LittleFishContactUs@gmail.com)

Please indicate below the session(s) that will be attended:

June 15th - June 16th; \$165 bef	ore March 31st; \$195	after Mar	ch 31st (9 AM - 3 PM PST)	
June 19th - June 23rd; \$265 bef	ore March 31st; \$295	after Mar	rch 31st (9 AM - 3 PM PST)	
June 26th - June 30th; \$265 bef	ore March 31st; \$295	after Mar	ch 31st (9 AM - 3 PM PST)	
July 5th - July 7th; \$195 before	March 31st; \$225 af	er March	31st (9 AM - 3 PM PST)	
July 10th - July 14th; \$265 befo	re March 31st; \$295	after Marc	ch 31st (9 AM - 3 PM PST)	
July 31st - August 4th; \$265 bef	Fore March 31st; \$29	5 after Ma	rch 31st (9 AM - 3 PM PST)	
August 7th - August 11th; \$265	before March 31st; \$	295 after I	March 31st (9 AM - 3 PM PST)	
August 14th - August 18th; \$26	5 before March 31st;	\$295 after	March 31st (9 AM - 3 PM PST)	
How did you hear about our camps? [] website	[] radio/interview	[] SD Far	nily [] other:	
Name of student			Male [] Female []	
Mailing Address				
City	St	ate	Zip Code	
Home/cell phone	Day phone	!		
Birth Date	·	Age on 06/15/23		
EMERGENCY CONTACT				
Phone	Relations	Relationship to camper		
PARENT/ GUARDIAN (if under 18) Name				
Home/cell phone	Email address			
Any dietary concerns or restrictions?				
Payment Information				
Regular Registration:				
[] Please charge to my credit/debit card.				
[] I am enclosing a check				
Card # Exp Date	e CCV	ZIP	Signature	

I am the parent or guardian of the minor named above and have legal authority to execute the above release. I approve and waive any rights in the premises.

this release and am fully familiar with its content.

Parent/ Guardian Signature ______ Date _____

I also hereby release Little Fish Comic Book Studio, Inc. to use my picture and images of art in all forms and all media and manner. I have read