

LITTLE FISH COMIC BOOK STUDIO SUMMER CAMP

REGISTRATION FORM

(Return completed form to Little Fish CBS, 6822B El Cajon BLVD., San Diego, CA 92115)

Please indicate the session you will be attending:

"Teenz Comic Camp" (Ages 12 - 17)

- July 6th- July 10th; \$260 before April 15th; \$290 after March 15th (9am-3pm)
 July 13th - July 17th; \$260 before April 15th; \$290 after March 15th (9am-3pm)
 August 3rd- August 7th; \$260 before April 15th; \$290 after March 15th (9am-3pm)
 August 10th- August 14th; \$260 before April 15th; \$290 after March 15th (9am-3pm)

How did you hear about our camps? website radio/interview SD Family other: _____

Name of student _____ Male Female

Mailing Address _____

City _____ State _____ Zip Code _____

Home/cell phone _____ Day phone _____

Birth Date _____ Age on 6/15/20 _____

EMERGENCY CONTACT _____

Phone _____ Relationship to camper _____

PARENT/ GUARDIAN (if under 18) _____

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 _____ CCV _____ ZIP _____ Signature _____

I understand that \$25.00 is a nonrefundable processing fee in the event of a cancellation. I understand that 50% of the camp cost, minus the \$25.00 processing fee, is refundable before June 15th. I understand that there is no refund given for cancellations after June 1st. 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 this release and am fully familiar with its content.

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

Signature (parent/guardian if under 18) _____ Date _____