

Comic Con Artist Intensive (Ages: 14+) Registration Form

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

___ July 20th - July 26th; \$605 before March 31st; \$640 after March 31st (9 AM - 3 PM PST)

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

Camper’s full name: _____ Date of birth: _____

Preferred name/nickname: (Leave blank if none): _____

Best number(s) for contact during the hours of 9am - 3pm: _____

Authorized people who can drop off/pick up: _____

Emails address(es) to send updates: _____

Emergency contact(s): _____

Anything of note we should be aware of? (Dietary Restrictions, Allergies, Needed Medications, etc.)_____

Payment Information

How do you wish to make payment?

- [] I am enclosing a check
- [] Please send a Square invoice to the following email address: _____
- [] Please charge to my credit/debit card (card info listed below)

Card #_____ Exp Date _____ CCV _____ ZIP_____ Signature_____

By signing and dating this form:
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 May 15th, 2026. I understand that there is no refund given for cancellations after May 15th, 2026. 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 legal authority to execute the above release. I approve and waive any rights in the premises.

Parent/ Guardian Signature _____ Date _____