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:

"Kidz Comic Camp" (Ages 7 - 11)

_ June 10th– June 12th; \$160 before April 15th; \$190 after March 15th (9am-3pm)

____ June 15th– June 19th; \$260 before April 15th; \$290 after March 15th (9am-3pm)

____June 22nd – June 26th; \$260 before April 15th; \$290 after March 15th (9am-3pm)

____ June 29th – July 3rd; \$260 before April 15th; \$290 after March 15th (9am-3pm)

____August 17th– August 21st; \$260 before April 15th; \$290 after March 15th (9am-3pm)

___ August 24th– August 28th; \$260 before April 15th; \$290 after March 15th (9am-3pm)

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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.