

ECDP PRESENTS:

ATHLETES



AND

ACTORS!

SUMMER CAMPS!

Registration Form

Child's Name _____ Birthdate _____

Address _____ Telephone _____

City _____ Zip Code _____ Cell # _____

Mom's Name _____ Dad's Name _____

E-mail address _____ Age as of 6-1-18 _____

Allergies? _____ Medication? _____

Check which camps you are registering for:

____ **Athletes (June 11-14)**

____ **Actors (June 18-21)**

Registration Fee (\$15/week) is due at time of enrollment. Tuition Fee (\$100/week) is due on the first day of class.

All registration fees are non-refundable.

For Office Use Only:

____ Registration

____ Fees Received

____ Check Number

____ Amount Due