## YES! I WANT TO MAKE TV THIS SUMMER 2018!

Student's Name:			
Address:			
E-mail:			
Phone: ( )	_ School:		
Birth Date://	Grade:	Gender:	
Parent / Guardian Name:			
Work Phone:( )	Pager:	E-mail:	
Parent / Guardian Name:			
Work Phone:( )	Pager:	E-mail:	
Emergency Contact:		Phone:(	)
, , ,	sion. I agree that a	•	ng leaving EBMC facilities and is exclusive property of
Signature of Parent / Guardian:			_ Date:
ILLNESS, ACCIDENT, OR emergency medical care Medical Facility, and the f	for my child. I wish	my child to be tak	ess or injury, I authorize en to the nearest Emergency
Doctor's Name:		Phone:(	)
Insurance Company and Policy Number:			Date:

Summer Teen Media Camp 2018 – July 9-27, 2018 Time: Monday through Friday, 10:00 AM to 2:00 PM

Cost: \$875.00 per session Partial Scholarships available

Ages: 12-17

Cancellation/Refund Policy: No Refunds.

All production and classes located in Berkeley's Downtown Arts District at:

East Bay Media Center

1939 Addison Street Berkeley, CA 94704-1101

Phone: (510) 843-3699 email: maketv@aol.com Website: www.eastbaymediacenter.org