YES! I WANT TO MAKE TV THIS SUMMER 2021

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:()	_
I authorize my child to participate in all camp while under adult supervision. I agree that a EBMC, all rights reserved.		
Signature of Parent / Guardian:	Date:	
ILLNESS, ACCIDENT, OR INJURY: In the even emergency medical care for my child. I wish Medical Facility, and the following doctor not	my child to be taken to the neares	
Doctor's Name:	Phone:()	
Insurance Company and Policy Number:	Date:	
Summer Teen Media Camp 2021 – July 5 Ages: 12-17 - Monday thru Friday - In pe Zoom, remotes, phone and text conferen Cost: \$900.00 - Summer Session (*Required Social Distancing, wearing of masks and Cancellation/Refund Policy: No Refunds	erson at EBMC Studios, *also winces if required by City of Berke	ith eley.
All production and classes located in Berkeley's Downt 1939 Addison Street Berkeley, CA 94704-1101 P		

website: www.eastbaymediacenter.com

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VISA PayPal