YES! I WANT TO MAKE TV THIS SUMMER 2024 MAKE YOUR MOVIE

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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 acti	vities, including leaving EBMC facilities
while under adult supervision. I agree that all med	dia produced and is exclusive property of
EBMC, all rights reserved.	
Signature of Parent / Guardian:	Date:
ILLNESS, ACCIDENT, OR INJURY: In the event	of a serious illness or injury, I authorize
emergency medical care for my child. I wish my c	hild to be taken to the nearest
Emergency Medical Facility, and the following doc	tor notified:
Doctor's Name:	Phone:()
Insurance Company and Policy Number:	Date:
Summer Teen Media Camp 2024 – July 8th the Ages: 12-17 - Monday thru Friday - In person Cost: \$900.00 - Summer Session *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

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