



1545 Welch Street, North Vancouver, British Columbia, V7P 1B5  
604.987.5047 • info@firststepactors.com • firststepactors.com

# 2024 Summer Registration Package



- Includes:
1. Summer Camp Schedule / Class Selection
  2. Student Information Sheet
  3. Credit Card Authorization Agreement



1545 Welch Street, North Vancouver, British Columbia, V7P 1B5  
604.987.5047 • info@firststepactors.com • firststepactors.com

## Summer Camps Schedule

In July and August, The First Step Actors' Workshop Youth and Young Teen programs move into week-long Summer Camp classes for vacation convenience.

Please check the box below for your preferred camp week and then fill out the remainder of this registration package.

<b>The First Step "Summer Blast" (Youth 8-12)</b>	<b>\$425.00</b> Plus GST (per class set)
---	--

Summer Blast 2      July 22-26      10:00 AM – 2:15 PM

<b>The First Step "The Professionals" (Youth 13-17)</b>	<b>\$425.00</b> Plus GST (per class set)
---	--

The Professionals      July 8-12      10:00 AM – 2:15 PM

## Method of Payment

Please select your method of payment below:

**Visa / MasterCard**  
Is your credit card information already on file?    YES  NO   
If not, please fill out & submit the **Credit Card Authorization** form in this package.

**Interac**  
Must be paid in person at the First Step Actors' Workshop office.

**Cheque**  
Please submit appropriate cheque(s) post-dated for the 1<sup>st</sup> of each month your child is enrolled in summer camps by July 1<sup>st</sup> along with this completed registration package.



1545 Welch Street, North Vancouver, British Columbia, V7P 1B5  
604.987.5047 • info@firststepactors.com • firststepactors.com

## Student Information Sheet (Required Info)

(Please Print Clearly in BLOCK LETTERS) Program: Youth  Teen

Name: \_\_\_\_\_ Sex/Gender Identity: \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_ Age: \_\_\_\_\_

Student's E-mail Address: \_\_\_\_\_

Student's Cell (if applicable): \_\_\_\_\_

Home Phone (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Relationship to Student: \_\_\_\_\_



1545 Welch Street, North Vancouver, British Columbia, V7P 1B5  
604.987.5047 • info@firststepactors.com • firststepactors.com

## Credit Card Authorization Agreement

As a student or as a parent with a child attending classes at The First Step Actors' Workshop, I understand that tuition payments are processed at the time of registration. By signing this form, I agree to these payment terms.

Student's Name: \_\_\_\_\_

I, \_\_\_\_\_ agree to have my  
(Name of cardholder)  
credit card automatically charged on the first day of each month of enrolment.

### Credit Card Information

Visa      or       MasterCard

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

This information sheet will be kept in a secure location to protect client information. If a student cannot continue with classes, this information sheet will be promptly destroyed.

Signature of Cardholder: \_\_\_\_\_

Cardholder Email: \_\_\_\_\_ Phone: \_\_\_\_\_