

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

Includes:

1. Summer Camp Schdule / Class Selection

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2. Student Information Sheet

Packade

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3. Credit Card Authorization Agreement



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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.

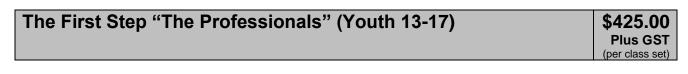
Please check the box below for your preferred camp week and then fill out the remainder of this registration package.

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

Summer Blast 2

July 22-26

10:00 AM – 2:15 PM



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 🗌	
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If not, please fill out & submit the Credit Card Authorization form in this package.

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



Cheque

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



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Student Information Sheet (R	equired Info)
(Please Print Clearly in BLOCK LETTER	RS) 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 S	Student:



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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: