

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

#### Includes:

1. Summer Camp Schdule / Class Selection

mmei

eqistrati

2. Student Information Sheet

Packade

)())/4

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.

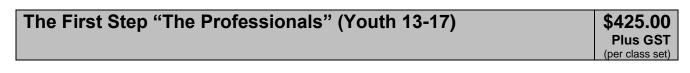
Please check the box below for your preferred camp week and then fill out the remainder of this registration package.

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

Summer Blast 1

July 15-19

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	inforr	nat	ion al	read	y on file	?	YES	NO		
						-					-	

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

L		

### 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

equired Info)
S) Program: Youth 🗌 Teen 🗌
Sex/Gender Identity:
Age:
Postal Code:
udent:



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: