



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



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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)	\$425.00 Plus GST (per class set)
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Summer Blast 1 July 15-19 10:00 AM – 2:15 PM

The First Step “The Professionals” (Youth 13-17)	\$425.00 Plus GST (per class set)
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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 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 (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: _____



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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: _____