

Summer Camp Extravaganza 2012 REGISTRATION FORM

Date Received _____



Lopez Studios Inc.

Other Side for Camp Selection

SUMMER CAMP EXTRAVAGANA 2012!

Camper Last Name _____
 First Name _____ Male or Female _____
 Age as of 7/1/12 _____ Birth Date ____/____/____
 School in Fall 2012 _____
 Grade in Fall 2012 _____

Allergies or Intolerance to food, medication, etc.

Any Special Needs?

Parents/Guardians (primary contact)

Home Address

City/State/Zip

Email _____ (primary contact)
 Email _____ (secondary)

Is this camper a current Lopez Studios, Inc. student? Yes * No
 Is this a 2011 returning camper? Yes * No

Parent/Guardian Business Phone _____
 Parent/Guardian Home Phone _____
 Parent/Guardian Cell Phone _____
 Other Phone Contact _____ (_____)

EMERGENCY CONTACTS

Camper's Physician _____ Firm _____
 Phone _____ Health Insurance _____
 Policy Number _____

Emergency Contact #1 _____
 Home Phone _____ Cell Phone _____
 Address _____
 Relationship to camper _____

Emergency Contact #2 _____
 Home Phone _____ Cell Phone _____
 Address _____
 Relationship to camper _____

List persons authorized to pick up camper:

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

How did you hear about our Summer Camp Programs?

T-Shirt Size: Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16) Adult Small Adult Medium Adult Large Adult X-Large

Summer Camp Extravaganza 2012 Policies

Fees Due: All applicable registration fees and an initial non-refundable deposit per camper are due at the time of registration. The remaining balance will be due by June 1st. Campers registered after June 1st will need to pay all applicable fees and tuition in full at the time of registration. Balances paid after June 1st will be subject to a **\$35 late fee** for confirmed registered campers. An additional non-refundable deposit per camper will be due for campers registered for the Extended Camp Program.

Refund Policy: No refunds will be given for any reason (missed days, illness, etc.) and all deposits and registration fees paid are non-refundable. Likewise, no refunds will be issued after camp balances have been paid. These include fees paid for tuition, registration, additional shirts, hot lunch, Camp DVD's, extended camp hours, transportation, performance tickets, or any other service or product requested and paid for in advance.

Liability Waiver: Lopez Studios, Inc. desires to provide a safe and enjoyable camp program for all campers, but understands that accidents can still occur. Parents understand that there are risks involved with transportation and other associated camp activities. In consideration of your child being allowed to participate in this program, parents/guardians agree to assume responsibility for those ordinary and reasonable risks associated with travel and summer camp activities. Parents will agree to hold harmless Lopez Studios, Inc., its affiliates, employees, agents, and representatives, including volunteers and drivers from any and all claims arising from their child's participation. We also certify that we have read and will abide by all of the camp policies as stated above. In addition, I (we) have thoroughly read and understand all information pertaining to our camp selection including but not limited to fees, non/refundable items, due dates, late fees, and any additional requirements needed to participate in the selected camp. Lopez Studios, Inc. reserves the right to cancel any camp program for low enrollment or any other reason it deems necessary by contacting registered campers when this decision has been confirmed and issuing 100% of all fees paid in advance. I also understand that my child's picture may be taken and used in advertisements and promotions.

Emergency Health Authorization: Lopez Studios, Inc. and its representatives have parents/guardians permission, in an emergency when you or your camper's physician cannot be reached, to take the camper at parent/guardian expense to the emergency room of the nearest hospital; and the hospital and its medical staff have my permission to provide treatment which a physician deems necessary for the well being of the camper.

De we have your permission to administer **TYLENOL** if needed? YES or NO

Parent/Guardian Signature: _____ **Date:** _____

Mail Registration Form

Lopez Studios, Inc. C/O Summer Camp 2009
 11425 Isaac Newton Sq. Suite 100 Reston, Va. 20190

Fax Registration Form 703-787-0072

Online Registration
 To print more registration forms visit www.lopezstudios.org

Contact Us!

703-787-0071 info@lopezstudios.org

SUMMER CAMP SELECTION- Indicate all registered camp programs and complete applicable information.

Teen Intensive Theater Camp		ages 13-17	June 25-29	9AM-6PM	5 Days
<input type="checkbox"/> Camp Memory DVD <input type="checkbox"/> Additional Camp Shirts (1 included) Select all that apply above	Tuition \$425	Deposit Due \$200	List any theater experience _____ _____		
	<input type="checkbox"/> \$30 X _____ (qty) = \$ _____ <input type="checkbox"/> \$15 X _____ (qty) = \$ _____	N/A N/A			
Tuition Due \$ _____		Deposit Due \$ _____			
Drama Camp		ages 6-12	9AM-3PM	3 Weeks	
<input type="checkbox"/> Camp Memory DVD <input type="checkbox"/> Additional Camp Shirts (1 included) <input type="checkbox"/> Hot Lunch Program <input type="checkbox"/> AM Extended Camp Hours (7-9AM) <input type="checkbox"/> PM Extended Camp Hours (3-6PM) <input type="checkbox"/> Both AM & PM Extended Camp Select all that apply above	Tuition (\$275 X 3) \$825	Deposit Due \$275/session	Select Session <input type="radio"/> Session 1 (7/9-7/27) <input type="radio"/> Session 2 (7/30-8/17)		
	<input type="checkbox"/> \$30 X _____ (qty) = \$ _____ <input type="checkbox"/> \$15 X _____ (qty) = \$ _____	N/A N/A N/A \$90 \$215 \$215 \$390	N/A N/A N/A \$50 \$50 \$75	Select Age Group <input type="radio"/> Town's Players (ages 6-7) <input type="radio"/> Lord's Players (ages 8-9) <input type="radio"/> King's Players (ages 10-12)	
Tuition Due \$ _____		Deposit Due \$ _____			
Music Camp (performance option)		ages 5-9	9AM-3PM	2 Weeks	
<input type="checkbox"/> Camp Memory DVD <input type="checkbox"/> Additional Camp Shirts (1 included) <input type="checkbox"/> Hot Lunch Program <input type="checkbox"/> AM Extended Camp Hours (7-9AM) <input type="checkbox"/> PM Extended Camp Hours (3-6PM) <input type="checkbox"/> Both AM & PM Extended Camp Select all that apply above	Tuition (\$250 X 2) \$500	Deposit Due \$200/session	Select Session <input type="radio"/> Session 1 (7/9-7/20) <input type="radio"/> Session 2 (7/30-8/10)		
	<input type="checkbox"/> \$30 X _____ (qty) = \$ _____ <input type="checkbox"/> \$15 X _____ (qty) = \$ _____	N/A N/A N/A \$60 \$150 \$150 \$250	N/A N/A N/A \$50 \$50 \$75	Select Age Group <input type="radio"/> Group A (age 5-6) <input type="radio"/> Group B (age 7-9) Indicate Piano Experience How many Years? _____	
Tuition Due \$ _____		Deposit Due \$ _____			
Music Camp (exploratory option)		ages 5-9	9AM-3PM	1 Week	
<input type="checkbox"/> Camp Memory DVD <input type="checkbox"/> Additional Camp Shirts (1 included) <input type="checkbox"/> Hot Lunch Program <input type="checkbox"/> AM Extended Camp Hours (7-9AM) <input type="checkbox"/> PM Extended Camp Hours (3-6PM) <input type="checkbox"/> Both AM & PM Extended Camp Select all that apply above	Tuition \$250	Deposit Due \$100/session	Select Session <input type="radio"/> Session 1 (6/25-6/29) <input type="radio"/> Session 2 (7/23-7/27) <input type="radio"/> Session 3 (8/13-8/17) <input type="radio"/> Session 4(8/20-8/24)		
	<input type="checkbox"/> \$30 X _____ (qty) = \$ _____ <input type="checkbox"/> \$15 X _____ (qty) = \$ _____	N/A N/A N/A \$30 \$75 \$75 \$125	N/A N/A N/A \$40 \$40 \$55	Select Age Group <input type="radio"/> Group A (age 5-6) <input type="radio"/> Group B (age 7-9)	
Tuition Due \$ _____		Deposit Due \$ _____			
Camp Cabaret		ages 12-17	Aug. 20-25	9AM-3PM	6 Days
<input type="checkbox"/> Camp Memory DVD <input type="checkbox"/> Additional Camp Shirts (1 included) Select all that apply above	Tuition \$495	Deposit Due \$250	List any vocal experience _____ _____		
	<input type="checkbox"/> \$30 X _____ (qty) = \$ _____ <input type="checkbox"/> \$15 X _____ (qty) = \$ _____	N/A N/A			
Tuition Due \$ _____		Deposit Due \$ _____			
Registration Fee: \$95 if registered after March 1					
Grand Total Due: \$ _____ (add Tuition Columns & Registration Fee if applicable)					
Total Deposit Due: \$ _____ Pay Now (add Deposit Columns & Registration fee if applicable)					
Balance Due by June 1: \$ _____ subtract Deposit Due from Grand Total Due					
Please complete if paying by Credit Card					
Card Holder _____ Card Type: Visa * MC * Amex * Disc					
Account # _____ Expiration date: ____/____/____					
Authorized Signature: _____					
Security Code _____ (located on back of credit card)					
(please indicate option) _____ Use for Deposit Only _____ Use For Deposit & remaining balance					