

NEW JERSEY SCHOOL OF DRAMATIC ARTS

2018 SUMMER CAMP REGISTRATION FORM

NAME _____ GRADE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: HOME _____ CELL _____

EMAIL _____

_____ SUMMERSTAGE (Grades 7 - 12)

_____ TWEENS SPECIALTY CAMPS _____ TEEN SPECIALTY CAMPS:

Check Choice(s): Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____

_____ I have read and agree to the **PAYMENT AND REFUND POLICIES.**

Signature of Parent or Guardian

METHOD OF PAYMENT: \$100.00 Deposit (SummerStage Camp) _____

\$50.00 Deposit per camp (Tween - Teen Specialty Camps) _____

Check / Money Order# _____ Amount \$ _____ (payable to NJ School of Dramatic Arts)

**Credit Card: Visa /MasterCard /Discover # _____

**Charge the above Credit Card : \$ _____

Name on credit card _____ Expiration Date _____

Signature of card owner _____

MAIL TO: NJ SCHOOL OF DRAMATIC ARTS, 593 Bloomfield Avenue, Bloomfield, NJ 07003