

NEW JERSEY SCHOOL OF DRAMATIC ARTS

2019 SUMMER CAMP REGISTRATION FORM

NAME _____ **GRADE** _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE: HOME _____ **CELL** _____

EMAIL _____

___ **YOUNG ACTORS SUMMER WORKSHOP**

___ **SUMMERSTAGE I (7/8-7/19)** ___ **SUMMERSTAGE II (7/22-8/2)**

___ **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 Camps) _____

\$50.00 Deposit per camp (Young Actor or 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