



715 N. "B" Street, Lake Worth, FL 33460

Summer Youth Actor's Academy 2008

Name of Actor _____ M ___ F ___ Age ___ Grade Entering _____
Name of Parent or Guardian _____ Work Phone _____
Address _____ City _____ State ___ Zip _____
Home Phone (____) _____ Cell (____) _____ E-mail _____

Please check session and group desired. Students may attend both sessions.

Session 1 June 16 thru July 11 (No camp on July 4th)

8 - 12 year olds	Full Day (8:30am to 5:30pm)	# of actors ___ @ \$800. = _____
	Half Day: Morning (8:30 to 12:30)	# of actors ___ @ \$500. = _____
	Afternoon (1:30pm - 5:30pm)	# of actors ___ @ \$500. = _____
13 - 17 year olds	Full Day (8:30am to 5:30pm)	# of actors ___ @ \$800. = _____
	Half Day: Morning (8:30 to 12:30)	# of actors ___ @ \$500. = _____
	Afternoon (1:30pm - 5:30pm)	# of actors ___ @ \$500. = _____

Session 2 July 14 thru Aug 8

8 - 12 year olds	Full Day (8:30am to 5:30pm)	# of actors ___ @ \$800. = _____
	Half Day: Morning (8:30 to 12:30)	# of actors ___ @ \$500. = _____
	Afternoon (1:30pm - 5:30pm)	# of actors ___ @ \$500. = _____
13 - 17 year olds	Full Day (8:30am to 5:30pm)	# of actors ___ @ \$800. = _____
	Half Day: Morning (8:30 to 12:30)	# of actors ___ @ \$500. = _____
	Afternoon (1:30pm - 5:30pm)	# of actors ___ @ \$500. = _____

For each family, who is not presently a member of AWRC, there is a single lifetime registration fee of \$35.00. A \$100.00 deposit per participant is also required; both are non-refundable and payable at time of enrollment. This will ensure a space for the actor, as space is limited. Balance of tuition is due the first day of class. **Please make checks payable to Bob Carter's AWRC, include the \$35.00 single lifetime registration fee, if applicable, and MAIL TO: Actors Rep. 715 N. "B" Street, Lake Worth, FL 33460. Thank you.**

Payment Choice: Check No: _____ Amount _____

Credit Card: (Circle one) Visa Master Card Discover American Express

Account Number: _____ Exp. Date _____

Signature _____



Summer Youth Actor's Academy Information

All Parents **MUST** sign and return this form with the registration, children **will not** be able to attend until this form is turned in

Photo release:

My child _____ may ___ may not ___ be photographed by AWRC and its assignees for possible use in promotional and/or advertising materials.

Lunch:

My child has permission to:

___ Leave the Cuillo **supervised** for lunch and/or breaks

___ Leave the Cuillo **unsupervised** for lunch and/or breaks

General Rules:

1. All children will be placed according to age. Any deviation from the appropriate age group will be at the sole discretion of the instructor.
2. Disruptive behavior will not be tolerated. Behavior that is not conducive to the environment and/or endangers other children will be dismissed from camp at the sole discretion of the camp staff. If a child is so dismissed all camp fees paid up to that point will remain the property of Actor's Workshop and Repertory Company.
3. If a child voluntarily withdraws from the program after the first week, all fees paid to that point will remain the property of Actors Workshop and Repertory Company. If the child withdraws during the first week a pro rated refund will be provided to the child

Parent/Guardian Name

Parent/Guardian Signature