

The Lee Strasberg Theatre & Film Institute
SUMMER DAY CAMP REGISTRATION

Student Name: _____ Age: _____ D.O.B. _____

Address: _____

Phone Number (day): _____ Parent/Guardian Name: _____

Which session are you registering for? _____ SESSION I: August 6-10

_____ SESSION II: August 13-17

How did you hear about this camp? _____

Previous Theatre Experience (if any): _____

Emergency Contact Information

Name/Relationship : _____

Phone Number : _____

The contract below constitutes the Young Actors Program Enrollment Agreement.

_____ will attend the Summer Day Camp at The Lee Strasberg Theatre Institute, 115 E 15th Street, New York, NY 10003.

Tuition for each session is \$900.00. A \$150 non-refundable deposit must be paid for each session to hold your child's place in the camp. **Tuition must be paid in full by July 2, 2007.**

Tuition and registration fees may be paid by check, money order, cash, or credit card. (A check returned unpaid by the bank to The Lee Strasberg Theatre Institute will bear a \$25 returned check fee.)

The Young Actors Program is a special weekly program. No representation is made as to the subject matter and content of the classes, which is solely at the discretion of The Lee Strasberg Theatre Institute.

There is NO REFUND of the tuition or registration fee for the Young Actors Program.

This agreement must be signed by the parent/guardian or guarantor for the above named student who personally guarantees payment hereunder.

Parent/Guardian Signature

Date

****Registration in the Summer Day Camp does NOT guarantee your child a place in the Saturday Young Actors Program.****