

THE ACTORS' GANG

Please check the box pertaining to the program that you (or your student) is interested in attending:

- Teen One Week Intensive: July 11th-July 15th 9AM-3PM
 Pre-Teen One Week Intensive: July 25th – July 29th 9AM-3PM

Student's Name: _____

Age _____ School Attending _____

Grade entering in Fall _____ Male Female

Parent's (or guardian's) Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____

Email _____ Fax # _____

- Enclosed is my check for \$350 made payable to The Actors' Gang
 Please charge my credit card \$350

VISA/ MC/AmEx # _____ Exp. _____

I understand that all but \$100 of my payment is refundable if I cancel my reservation at least 21 days prior to the first day of camp. Otherwise payment is non-refundable. My signature below indicates that I understand and accept the terms of the refund policy.

X _____ Date _____

Please enclose application and payment and mail to:

Summer Camp at The Actors' Gang
9070 Venice Blvd. Culver City, CA 90232

Or Fax to: (310) 838-4263

We will call you to confirm that we have processed your payment.