



Television Camp for Kids Registration

Workshop/Program Dates _____

Child's Name _____

Street Address _____

City _____ ST _____ Zip _____

Home Telephone _____ - _____ - _____ Mobile telephone _____ - _____ - _____

E-Mail _____

Emergency Information

Mother/Guardian Name _____ Day Tel: _____ - _____ - _____

Eve. Tel: _____ - _____ - _____ Mobile: _____ - _____ - _____

Father/Guardian Name _____ Day Tel: _____ - _____ - _____

Eve. Tel: _____ - _____ - _____ Mobile: _____ - _____ - _____

Additional Contact _____ Relationship _____

Day Tel: _____ - _____ - _____ Eve. Tel: _____ - _____ - _____

Mobile: _____ - _____ - _____