



Summer Camp 2017 Enrollment Form
 Return to Florida Children's Theatre
 2542B East Sunrise Blvd, Fort Lauderdale, FL 33304
 Fax: 954-523-0507 Email: info@fctstar.org

Personal Information

Student _____

Entering Grade _____ Male ___ Female ___

Age ___ Date of Birth _____

School _____

Parent 1 _____

Parent 2 _____

Please specify special circumstances
 (Guardianship, divorce, etc):

Billing Address _____

City _____ State _____

Zip _____ Address is Parent 1 _____
 Address is Parent 2 _____

Parent 1 Phone _____

Parent 2 Phone _____

Student Cell _____

Other Phone _____

Parent 1 Email _____

Parent 2 Email _____

Student Email _____

Enrollment Information

Select Camp (s):

Summer Stage
\$880 per session
(50% non-refundable deposit required)

___ Session 1 (6/12-7/7) ___ Session 2 (7/10-8/4)

Storybook Adventures
\$280 per session
(50% non-refundable deposit required)

___ 6/12-6/16 ___ 7/10-7/14
 ___ 6/19-6/23 ___ 7/17-7/21
 ___ 6/26-6/30 ___ 7/24-7/28

Camp Encore
\$280 per session
(50% non-refundable deposit required)

___ 8/7-8/11 ___ 8/14-8/18

Payment Information

Please confirm multi-session/sibling discounts and/or
 scholarships before paying

Total Tuition: _____ **Deposit:** _____

___ **Pay in Full** ___ **Pay Deposit Only**
(Balance due in full by first morning of camp)

Please add an additional donation of \$ _____

Credit Card Authorization Form Attached _____

Check # _____ Attached for \$ _____

\$ _____ cash enclosed



CREDIT/DEBIT CARD AUTHORIZATION FORM

(all information required)

Name of Student _____

Payment for: **Class/Camp Tuition** **Production Fee** **Tickets**
(circle all that apply) **Production Extras** **Production Ad** **Donation**

Other _____

Cardholder Name: _____

Company Name *(if applicable)*: _____

Billing Address: _____

City, State, Zip Code: _____

PAYMENT METHOD

(all major credit cards accepted)

Card Number: _____

Expiration Date: _____

Security Code (3 digit code on back of card/4 on front of Amex): _____

Amount \$ _____

I hereby authorize Fort Lauderdale Children's Theatre, Inc (d.b.a. Florida Children's Theatre) to charge my credit card for full payment of all charges incurred by me and/or my child(ren). I understand that if a payment plan is approved, the first payment will be applied upon receipt and all subsequent payments will be applied as per the agreement.

Cardholder Signature: X _____ Date _____

Complete form and email, mail, or fax to:
FLORIDA CHILDREN'S THEATRE
2542B East Sunrise Boulevard • Fort Lauderdale, Florida 33304
Fax: 954-523-0507 Email: info@fctstar.org