

Camp Shine! 2020 Registration

Student Name: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ Zip: _____

School: _____ Age: _____ Current Grade: _____

Parent/Guardian Email: _____

Home Phone: _____

Parent/Guardian Cell: _____

Parent Work Phone: _____

Please check all that apply.

_____ Camp Shine! \$225.

_____ Camp Shine! Week 2: \$200

_____ Camp Shine! Week 3: \$175

_____ The 4-Week Camp Shine! Experience: \$750

_____ Lil Sunshine Camp \$250

_____ Double Lil Sunshine \$475

SUBTOTAL: \$ _____

_____ Family Discount (2 or more siblings enrolled):

2nd Sibling Name: _____

TUITION: (minus 5%) \$ _____

3rd Sibling Name: _____

TUITION: (minus 5%) \$ _____

(Add SUBTOTAL and Sibling TUITION/S)

TUITION TOTAL: \$ _____

_____ Check enclosed (Please make payable to Emerge Arts Projects, Inc) / _____ Cash

_____ Credit Card: VISA MC AMEX / _____ Venmo (Shine-Theatre) / _____ Paypal