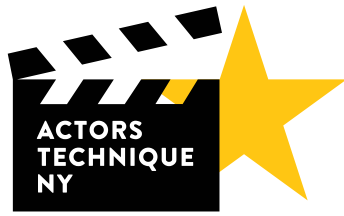


SUMMER
2021



SUMMER BROADWAY CAMPS

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IN-STUDIO AND VIRTUAL – ALL AGES

Broadway Weekly Camps, June 28th – August 8th

In-Studio: 10am-3pm | Virtual: 5-7pm EST

Deposits & Friendly Payment Plans by Phone

	JUNE 28 – JULY 2		ANNIE Summer Broadway Camp/Choreography & Hit Songs	
	In-studio	Ages 7-13		\$795
	10am-3pm			

	JULY 19 – JULY 30		THE MEANEST GIRLS Broadway Camp/Summer Performance	
	In-studio	Ages 11-19		\$1350
	10am-3pm			

	JULY 19 – JULY 23		IN THE WINGS Broadway Babes Camp/Summer Musical Training
	JULY 26 – JULY 30		
	AUG 2 – AUG 6		
In-studio	Ages 4-8	\$695 per week	
10am-3pm			

Please bring lunch or parents may take campers out. Early drop offs & late pick ups by request (\$20/day)

	JULY 24 – AUG 8		BROADWAY MUSICAL INTENSIVE Professional Training for Remote Performers	
	Virtual	Ages 8-18		\$595
	5-7pm EST			

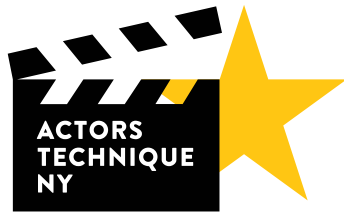
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R E G I S T R A T I O N F O R M

GENERAL INFORMATION

ACTOR NAME _____ DATE OF BIRTH _____
REPRESENTATION _____ REFERRED BY _____
GUARDIAN NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____
DOES YOUR CHILD HAVE A DISABILITY? YES NO
IF YES, PLEASE SPECIFY: _____

CAMP SELECTION

ANNIE • In-studio • Ages 7-13
JUNE 28 – JULY 2

THE MEANEST GIRLS • In-studio • Ages 11-19
JULY 19 – JULY 30

IN THE WINGS • In-studio • Ages 4-8
JULY 19 – JULY 23
JULY 26 – JULY 30
AUG 2 – AUG 6

BROADWAY MUSICAL INTENSIVE
Virtual • Ages 8-18
JULY 24 – AUG 6

PAYMENT INFORMATION

MC VISA AMEX AMT CHARGED TODAY: \$
NAME ON CARD _____
CARD NO. _____ EXP _____ CCV _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
 DEPOSIT PAID IN FULL

NOTES: I authorize Actors Technique, NY to charge my credit/debit card for 'Total Due' amount in full and/or pursuant to payment plan listed above, until paid in full, regardless of my attendance. If payment plan ATNY may charge me every 10 - 14 days until payment is satisfied in full, without permission or exception and regardless of attendance. I understand that I am not entitled to financial refunds for any reason. I am the parent or legal guardian of the actor(s) above and/or authorized person on behalf of Parent to give billing permission to ATNY for these services and have read and understand this paragraph in full.

AUTHORIZED SIGNATURE _____

DATE _____