

Created to Create 10-Day Production Camp Registration Form

(Please fill out form completely)

Child's Name: _____

Address: _____

City and State: _____ **Zip:** _____

Email: _____

Parent Phone #: _____

Student's Age: _____

Parent(s) Printed Name(s) _____

Parent Signature(s) _____

FAMILY DISCOUNT: Multiple siblings can receive a discount on the registration deposit upon request.

Payment is \$200 due on the First Day of Camp

Payment Included: \$ _____ Cash, Check or Credit Card

(Make checks payable to Vision Productions, Inc. Payments can be made online as well.)

Please submit your completed form in person to Austin Bailey or scan and email it to austin@billywayne.net