

BIFF Film Academy Summer Camp Application 2011

Student Name: <hr/> <input type="checkbox"/> Girl? <input type="checkbox"/> Boy? (info needed for scripts)	Parent/Guardian Name: <hr/>
Home Phone Number: <hr/>	Email Address: <hr/>
Address: <hr/>	Phone Number: <hr/>
	Emergency Contact Person: <hr/>
Student's Date of Birth: <hr/>	Emergency Contact Phone Number: <hr/>

Please indicate any special needs your child has, e.g. dietary, medicinal, etc.

Select the camp(s) you wish your child to attend. One form per child please.

Animation Camp for 10-13 year olds, 1-5 August _____

Film Production Camp for 10-13 year olds, 8-19 August _____

Acting for Film for 10-13 year olds, 8-19 August _____

Acting Camp for 7-9 year olds, 22-26 August _____

Total Number of Camp Weeks – Non-Members _____ x \$315 = _____

Total Number of Camp Weeks – Members _____ x \$295 = _____

Total Number of After-camp Care Days _____ x \$15 = _____

Cheque Amount/Credit Card Charge _____

To register your child mail the form and a cheque to the BIFF office. Or, you can fax 293 7769 or scan and email (info@biff.bm) this form with your credit card information. Sign-up online at tickets.biff.bm.

Name on Credit Card (Visa or MasterCard only)

Credit Card Number

Expiration Date

Mail: BIFF, P.O. Box HM 2963, Hamilton HM MX
For information or inquiries phone 293 3456 or email info@biff.bm

There will be no refunds if you cancel after 14 June 2011