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2025 RADIO PRODUCTION CAMP REGISTRATION FORM (for ages: 12yrs - 18yrs)

Today's Date: _____ Date Received: (Office Use Only) ____

Fairfax Public Access, 2929 Eskridge Road, Suite S, Fairfax, VA 22031 - (571).749.1132-FPATraining@fcac.org

----- Circle the camp(s) that you are registering for ------

Radio Production Camp

1 week camp (5 sessions, 4 hours each) Monday – Friday, 9am-1pm (7/7 – 7/11) (7/7, 7/8, 7/9, 7/10, 7/11)

Cost: \$350

STUDENT NAME: (Please print or	type)	
Address:		
City	State	Zip Code
Telephone Number:	Fax Number:	
Email address:		
	der of preference (see class descrip hnical Directing, Audio Board, Light	
1	2	
3	4	
*Age of participant:		
	Signature	of Adult / Guardian
PAYMENT AND REGISTRATION M	e paying by credit card, you can ph	CE IN THE CAMP. PLEASE MAKE PAYMENT BY CHECK, none or fax in the information. Check or credit card
Payment Method:Check _	MasterCardVisa Card Num	ber
Exp. Date	Signature	
I understand that this camp is a and exercise my assignments in		y place in the camp I must participate in camp activitie
Participant's Signature		
Parent or Guardian Signature (a	and relationship if applicable)	