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2025 TELEVISION101 STUDIO PRODUCTION CAMP REGISTRATION FORM (forages:12-18) Fairfax Public Access, 2929 Eskridge Road, Suite S, Fairfax, VA 22031 - (571).749.1132-FPATraining@fcac.org

Today's Date: \_\_\_\_\_ Date Received: (Office Use Only) \_\_\_\_

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

## TV101 Studio Production Camp A

2 week camp (10 sessions, 4 hours each) Mondays – Fridays, 8am-12pm (7/7 – 7/18) (7/7, 7/8, 7/9, 7/10, 7/11, 7/14, 7/15, 7/16, 7/17, 7/18) Camp Cost: \$500

## TV101 Studio Production Camp B

2 week camp (10 sessions, 4 hours each) Mondays – Fridays, 8am-12pm (7/28 – 8/8) (7/28, 7/29, 7/30, 7/31, 8/1, 8/4, 8/5, 8/6, 8/7, 8/8) Camp Cost: \$500

STUDENT NAME: (Please pri	nt or type)			
Address:				
City		State	Zip Code	
Telephone Number:		Fax Number:		
Email address:				
Pick three areas of interest i (Example: Studio Camera,				
1		2		<del>_</del>
3		4		<u> </u>
*Age of participant:				_
		Signature	of Adult / Guardian	
10% PAYMENT AND REGISTRATIO	6 early registration  N MUST BE PROCESSE ou are paying by crea	discount for enrol  D TO SECURE A PLACE	cluded in the cost of each of ment completed by April 30 CE IN THE CAMP. PLEASE MAKE one or fax in the information.	PAYMENT BY CHECK,
Payment Method:Chec	kMasterCard	Visa Card Numl	oer	
Exp. Date	Signa	ture		
I understand that this camp and exercise my assignment Participant's Signature		in order to keep my	place in the camp I must par	ticipate in camp activitie
Parent or Guardian Signatu	re (and relationship it	fapplicable)		