

2026 TELEVISION PRODUCTION CAMP REGISTRATION FORM: (FOR AGES 12-18)

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 -----

TV101 Studio Production Camp A

2 week camp (10 sessions, 4 hours each)

Mondays – Fridays, 8am-12pm (7/6 – 7/17)

(7/6, 7/7, 7/8, 7/9, 7/10, 7/11, 7/14, 7/15, 7/16, 7/18)

Camp Cost: \$500

TV101 Studio Production Camp B

2 week camp (10 sessions, 4 hours each)

Mondays – Fridays, 8am-12pm (7/27 – 8/7)

(7/27, 7/28, 7/29, 7/30, 7/31, 8/3, 8/4, 8/5, 8/6, 8/7)

Camp Cost: \$500

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

STUDENT NAME: (Please print or type) _____

Address: _____

City _____ State _____ Zip Code _____

Telephone Number: _____ Fax Number: _____

Email address: _____

Pick three areas of interest in order of preference (see class descriptions).

(Example: Studio Camera, Technical Directing, Audio Board, Lighting, Talent/hosting...)

1. _____ 2. _____

3. _____ 4. _____

*Age of participant: _____

Signature of Adult / Guardian

Note: The \$26 FPA 1yr membership fee is included in the cost of each camp

10% early registration discount for enrollment completed by April 30th

PAYMENT AND REGISTRATION MUST BE PROCESSED TO SECURE A PLACE IN THE CAMP. PLEASE MAKE PAYMENT BY CHECK, VISA, or MASTERCARD. If you are paying by credit card, you can phone or fax in the information. Check or credit card payment is accepted by mail or in person.

Payment Method: ___Check ___MasterCard ___Visa Card Number _____

Exp. Date _____ Signature _____

I understand that this camp is a team effort, and in order to keep my place in the camp I must participate in camp activities and exercise my assignments in good faith.

Participant's Signature _____

Parent or Guardian Signature (and relationship if applicable) _____