

Facets Kids Film Camp APPLICATION

Session 1: June 23 – July 2, 2010 (Ages 11-14, 9am-12:30pm & Ages 7-10, 2pm-5:30pm) – Half Day

Session 2: July 12 – July 16, 2010 (Ages 11-14 only) – Full Day

Session 3: July 19 – July 23, 2010 (Ages 7-10 only) – Full Day

1) Please send the application below and tuition payment by April 30, 2010. Apply as early as you can because space is limited.

2) Additional paperwork will be requested once application is received.

APPLICATION FORM

Name: _____ Age (as of 7/23/10): _____

Parent or Guardian Name: _____

Address: _____

City/State/Zip: _____

Telephone #: (home) _____ (cel) _____ (work) _____

Parent E-mail Address: _____

Where did you hear about Facets Kids Film Camp?: _____

If your child is please check the session of participation:

Session 1 (June 23-July 2): _____ **Session 2** (July 12-16): _____ **Session 3** (July 19-23) _____

- **Session 1:** Ages 11-14 meet 9am-12:30pm and ages 7-10 meet from 2pm-5:30pm. Cost is \$325.
- **Session 2:** Ages 11-14 only. Session meets from 9am-5pm. Cost is \$450 with lunch provided.
- **Session 3:** Ages 7-10 only. Session meets from 9am-5pm. Cost is \$450 with lunch provided.

PAYMENT INFORMATION

Check one:

Session 1: _____ \$325 (snack provided) _____ \$292.50 Patron Circle Member/Sibling (snack provided)

Session 2 & 3: _____ \$450 (snack & lunch provided) _____ \$405 Patron Circle Member/Sibling (snack & lunch provided)

_____ Check enclosed. Please make checks payable to "Facets".

Credit Card Number: _____

Cardholder Signature: _____ Expiration date (mo/yr): _____ / _____

For more information visit www.cicff.org and click on Facets Kids Film Camp!

SEND ALL MATERIALS TO:

Facets Kids Film Camp
c/o Facets Multi-Media
1517 West Fullerton Ave.
Chicago, IL 60614

or fax your application to: 773-929-0266

If you have questions, please contact "Kidsfest" at 773-281-9075 or by e-mail at Kidsfest@facets.org

STAFF ONLY:

DATE: _____ AMT: _____ TYPE: PD _____ MEM _____ SCH _____ SIB _____ NOM _____