

Student Details

First Name _____ Last Name _____ Gender _____

Home Address _____

City _____ State _____ Zip _____

Telephone: Home (____) _____ Birth Date _____ Age _____

Parent or Guardian (Used in case of emergency, this information must be provided before the student can participate in a class.)

First Name _____ Last Name _____ Relationship to Student _____

Home Address _____

City _____ State _____ Zip _____

Telephone: Home (____) _____ Work (____) _____ Cell (____) _____

Email address _____

Alternative Contact (Please give the name of a friend or relative who can be contacted in case of emergency.)

First Name _____ Last Name _____ Relationship to Student _____

Home Address _____

City _____ State _____ Zip _____

Telephone: Home (____) _____ Work (____) _____ Cell (____) _____

Physician Name _____ Telephone: (____) _____

In the event of an emergency and if I or my emergency contacts cannot be reached, I give Firework Studio permission to authorize any medical treatment deemed necessary by the attending physician.

Signature _____ Date _____

11-18 years **Glass Fusing Intensive for Teens**

Select	Camp Dates	Hours	Tuition	
<input type="checkbox"/>	August 13 th -16 th	9am-12noon	\$ 384.00	\$ _____
<input type="checkbox"/>	August 13 th -16 th	1pm-4pm	\$ 384.00	\$ _____
<input type="checkbox"/>	August 20 th -23 rd	9am-12noon	\$ 384.00	\$ _____
<input type="checkbox"/>	August 20 th -23 rd	1pm-4pm	\$ 384.00	\$ _____

8-10 years **Sculpture Adventures - Art Camp**

Select	Camp Dates	Hours	Tuition	
<input type="checkbox"/>	August 7 th -10 th	9am-3pm	\$ 528.00	\$ _____

Adults **Glass Fusing Workshops & Classes**

Select	Class Dates	Hours	Tuition	
<input type="checkbox"/>	June 10 th	2pm-5pm	\$ 95.00	\$ _____
<input type="checkbox"/>	July 15 th	2pm-5pm	\$ 95.00	\$ _____
<input type="checkbox"/>	August 12 th	2pm-5pm	\$ 95.00	\$ _____
<input type="checkbox"/>	July 13 th -Aug.31 st	9am-12noon	\$ 360.00	\$ _____

Kiln Forming Techniques - 8 sessions

Tuition Total: \$ _____
Deposit Paid: \$ _____
Amount Due \$ _____

Our withdrawal policy is as follows: 2 weeks prior to the camp you will be charged 50% of the session tuition, within 72 hours of the camp you will be charged 100% of the camp tuition, no exceptions. There are no make-up days for absences or for days missed and there will be no prorating of tuition for missed classes due to sickness or travel.

Credit Card Number _____ Name on the Card: _____
 Card Type: MasterCard Visa American Express Expiration Date _____ Total \$ _____
 Billing Address: _____
 Authorization Signature _____

Please send form with check or credit card information to: **Firework Studio**
 P.O. Box 66215
 Los Angeles, California 90066