



2025 SUMMER CAMP REGISTRATION

Registration

Student Full Name: _____ DOB: _____ Sex: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Parent/Guardian: _____

Email: _____ Cell Phone: _____

Course Name: _____ Fee \$ _____

Course Name: _____ Fee \$ _____

Course Name: _____ Fee \$ _____

(+ \$10 PER COURSE PROCESSING FEE)

\$10 processing fee x _____ Number of Courses

= TOTAL \$ _____

Payment must be made in full at the time of registration. We have a firm cancellation policy: cancellations made more than one week before camp will be eligible for a 50% refund.

Cancellations made less than one week before camp will NOT be eligible for a refund.

_____ Cash or check payable to: Spokane Valley Summer Theatre

_____ Pay by credit card as follows: Please bill my: ___ Visa ___ MasterCard ___ Discover ___ PayPal ___

Account #: _____ Expiration Date: _____ Sec. Code _____

Authorized Signature: _____

I have read the Policies of the SVST Summer Camp and agree to abide by all these policies. I agree to honor this enrollment as described above. I also agree to the release of images of myself/my child for Education & Promotional use. I understand that while attending the SVST Summer Camp, my child may be photographed or videotaped for educational and promotional purposes for the sole use by the SVST Summer Camp as follows: catalogue, website, teacher training, grant applications, advertising and etc.

Parent/Guardian Signature: _____ Date: _____

Questions?

Email SVST Director of Education Collin Pittmann: collin@icsvpac.com or call SVST 509-368-7897