



SUMMER YOUTH *Fashion* ACADEMY REGISTRATION

PARTICIPANT'S NAME _____ Circle M F

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE _____ E-MAIL _____

AGE _____ DATE OF BIRTH ____/____/____ GRADE (Fall '09) _____



for students under age 18, we must have the following information

PARENT/GUARDIAN 1 _____ PARENT/GUARDIAN 2 _____

HOME PHONE _____ HOME PHONE _____

WORK PHONE _____ WORK PHONE _____



TEENS COUNT Summer Youth Fashion Academy – (Youth 10-17) Select Session(s)

- FASHION CAMP (SESSION 1) June 29-July 24 (4-Week/Full Day) \$550
- FASHION CAMP (SESSION 2) July 27-August 21 (4-Week/Full Day) \$550

Please remember to sign your registration form. Unsigned forms WILL NOT BE PROCESSED.

50% of Registration MUST ACCOMPANY THIS FORM. FINAL PAYMENT DUE JUNE 29, 2009.

Limit: 50 Students Per Session PAYMENT

Check/M.O. # _____ (Payable to Teens Count) _____ REGISTER BY PHONE _____ Visa _____ MasterCard _____ American Express _____

Credit Card No. _____ Expiration Date _____

Signature _____



TUITION FEES \$ _____ + # _____ Before/Aftercare at \$55 Week \$ _____

Yes, I would like to make a tax-deductible donation to help keep classes accessible and Allow Teens Count to offer scholarships to children in need: \$ _____

MAIL COMPLETED FORM WITH PAYMENT TO:
 TEENS COUNT ATTN: Registrar Summer 2009
 P.O. Box 3753 Washington, DC 20007
 OR TO REGISTER BY PHONE CALL 202.413.2950

TOTAL \$ _____

PLEASE READ BEFORE SIGNING: I fully understand Teens Count's Late Pick-up, Session Transfer, and Refund Policies outlined in this publication. Teens Count assumes no liability for injuries or damages arising from the results of participation. Due to the strenuous nature of some activities, the participant is urged to consult a physician concerning fitness to participate. All activities present inherent risks and hazards, which the participant assumes. I hereby approve of my/my child's participation in this program and consent to emergency treatment on my/my child's behalf. To the best of my knowledge, there are no physical or other conditions that will interfere with my/my child's participation. I understand that photographs and/or video taken in Teens Count classes may be used and/or reproduced by Teens Count for its use without prior consent.

How did you hear about our programs? Previous Participant Received Mailing/Email In-School Distribution Friend/Neighbor

REQUIRED SIGNATURE _____ DATE _____

circle PARTICIPANT / PARENT GUARDIAN