



CANCELLATION OR CHANGE REQUEST FORM

Tampa Theatre Film Camp 2010

Tampa Theatre
P.O. Box 172188
Tampa, FL 33672-0188
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ph: (813) 274-5510
nicole@tampatheatre.org
www.tampatheatre.org

► **Please note that changing sessions requires a change form and is considered a cancellation and a rebooking, and each change will incur a \$20 administrative fee.**

► **In 3 business days:** You will receive email confirmation that your form has been received.

► **In 7-10 business days:** You will receive email confirmation that your child's spot is reserved & payment has been processed.

*** IMPORTANT: PLEASE COMPLETE ONE FORM FOR EACH STUDENT ***

Student Name: _____ Grade Entering in Fall 2010: _____

Parent Name: _____ Tampa Theatre Member? Yes No Joining Today

Address: _____ City/State/Zip: _____

Parent's Email Address: _____

REMOVE MY CHILD FROM THIS SESSION:

Live Action June 21-25

AM – 9am-12pm (3rd-5th grade)

PM – 1pm-4pm (6th-8th grade)

Live Action July 12-16

AM – 9am-12pm (3rd-5th grade)

PM – 1pm-4pm (6th-8th grade)

Live Action July 19-23

AM – 9am-12pm (3rd-6th grade)

PM – 1pm-4pm (7th-12th grade)

Stop Motion Animation July 26-30

AM – 9am-12pm (3rd-5th grade)

PM – 1pm-4pm (6th-8th grade)

Stop Motion Animation August 2-6

AM – 9am-12pm (3rd-6th grade)

PM – 1pm-4pm (7th-12th grade)

ADD MY CHILD TO THIS SESSION:

Cancellation only – do not add to any session

Live Action June 21-25

AM – 9am-12pm (3rd-5th grade)

PM – 1pm-4pm (6th-8th grade)

Live Action July 12-16

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Stop Motion Animation August 2-6

AM – 9am-12pm (3rd-6th grade)

PM – 1pm-4pm (7th-12th grade)

ITEM	QTY	PRICE	TOTAL
Number of Changes:		X \$ 20 =	\$
I would like to support Tampa Theatre. Please add my tax-deductible donation to the Tampa Theatre Foundation. <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
TOTAL:			\$

PAYMENT INFORMATION

Check (Please make payable to Tampa Theatre) Visa Mastercard Amex Discover

Name as it appears on card: _____

Credit Card #: _____

Expiration Date: _____ Billing Zip Code: _____ 3-Digit Auth Code: _____

Signature of Card Holder: _____ Date: _____

Staff Use:	Received:	Memb. Checked:	Entered Into TM:	Confirmation Sent:	Entered in DB:
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CANCELLATION & REFUND POLICY

- **More than 14 days prior to camp:** 100%, minus a \$20 administrative fee.
- **8-14 days prior to camp:** 50%, minus a \$20 administrative fee.
- **7-0 days prior to camp:** No refunds will be issued.
- *Please note that changing sessions requires a change form and is considered a cancellation and a rebooking, and each change will incur a \$20 administrative fee.*