



Workshop Enrollment Form

Instructions:

1. Please print legibly.
2. Attendance of a **DCTV orientation** is required to enroll in a workshop (Exception: Kids Video Camp)

Name of Enrollee: _____ Date: _____

Phone: _____ Alternate Phone: _____

Email: _____

Workshop(s) Enrolling In:

- Field (\$65) _____
- Editing (\$80) _____
- Studio Cameras (\$50) _____
- Studio Control Room(\$50) _____
- Kids Video Camp, (\$150) _____

- Workshop Start Date: _____
- Workshop Start Date: _____
- Workshop Start Date: _____
- Workshop Start Date: _____
- Workshop Start Date: _____

By signing below, I affirm that

- I have attended a DCTV Orientation (**Exception: Kids Video Camp**)
- I have read DCTV's "Workshop Brochure" and agree to DCTV workshop policies (summarized below)

I understand that my workshop fee is non-refundable and non-transferable if I do not attend the first session of a workshop. Refunds or transfers due to withdrawal from a workshop can only be arranged 3 *working days prior* to the first session of a workshop. Furthermore, if I am more than 20 minutes late to the first session of a workshop without providing reasonable prior notice, I understand that my place in the workshop may be given to a "stand-by" student, and I will not be able to attend this workshop if the workshop is full, since space is strictly limited. I understand that workshop refunds, if any, are processed and mailed at the end of each month.

I also understand that I must attend *all* scheduled sessions of a workshop. I may be dropped from the class if I miss any session.

Signature: _____ Date: _____

*If you are younger than 18 years old, please indicate here (); you and a parent/guardian will be required to attend a parental conference with a DCTV staff person prior to the start of the workshop. A DCTV staff person will contact you to set up an appointment. **This appointment is not necessary for Kids Video Camp enrollees.***

Printed Name of Parent if under 18 (signature above): _____

Staff Use Only

Transaction Date: _____

Workshop(s) Fee: _____ Invoice# _____ Cash /Check #/Credit Transaction #: _____ Staff: _____