



2020 ICAM Video Production Class Registration

Check one:		
<input type="checkbox"/> Session 1	Jan 27, Feb 3, Feb 10	3 PM - 4:30 PM
<input type="checkbox"/> Session 2	Feb 24, Mar 2, Mar 9	3 PM - 4:30 PM
<input type="checkbox"/> Session 2	Feb 24, Mar 2, Mar 9	6:30 PM - 8 PM

Name _____ Age (if under 18) _____

Mailing Address _____

Parent/Guardian Name (If under 18) _____

Home Phone _____ Cell _____

Daytime/work phone _____

Email Address _____

Emergency contact name _____

Emergency contact phone # _____

May ICAM use photos and/or video/audio recordings of the above named participant for programming and publicity for ICAM? (Inc Facebook, YouTube and Cable Channel Broadcasts)
Yes _____ No _____

Signature (Parent or Guardian if under 18): _____

Date: _____

Email or Drop Off Completed Registration Form

Email: Icamipswich@yahoo.com Drop off: 127 High Street – Ipswich MA 01938