

ART N'PLAY SUMMER ART CAMP REGISTRATION FORM

INSTRUCTIONS: Please print legibly. Complete one form per child participant.

CHILD PARTICIPANT NAME _____

BIRTHDATE _____ AGE _____

PARENT/GUARDIAN NAME _____

HOME PHONE _____ WORK/CELL PHONE _____

ADDRESS _____

CITY, STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT PHONE _____

SUMMER CAMP SESSION

INSTRUCTIONS: Circle preferred session date, days, and time.

SESSION:	DAYS:	TIME:
June 14th – July 9th	Tues/Thurs	Morning
July 12th – Aug 6th	Wed/Fri	Afternoon
Aug 9th – Sept 3rd		

This area to be completed by Art n'Play _____ T-SHIRT SIZE _____

RESERVED BY _____ PAID \$ _____ DATE RECEIVED ____/____/____

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