 Summer Art Camp 2017

Registration Form

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_

Participant Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make Checks Payable to SACS

Card Type MC \_\_\_\_ Visa \_\_\_\_ Disc \_\_\_\_ AMEX \_\_\_\_

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_ CCV \_\_\_\_ Billing Zip Code \_\_\_\_\_\_

Please mark your selections:

**It’s Alive! \_\_\_\_\_\_**

**Shadow Puppetry Camp**

Tuesday June 20-Friday, June 23, 2017 9 am to 12 pm

$30 per camper - includes all supplies and a daily snack

**Intro to Painting \_\_\_\_\_**

Tuesday, June 27-Thursday, June 29, 2017 9 am to 12 pm

$30 per camper – includes all supplies and a daily snack

***Each class has a minimum requirement of 6 students and is capped at 15 students and will be supervised by two instructors and one additional adult.***

**I agree to allow my child to participate in the activity named above by the Storytelling & Arts Center of the Southeast, Inc. I understand that my child shall abide by all center rules as a condition of participation. I am aware that there is always the chance that any activity may cause accident or injury as a direct result of participation. I also agree to assume all risks involved in my child participating in the activity. I further agree to release the Storytelling & Arts Center of the Southeast, its employees, volunteers and agents from any responsibility should an accident occur.**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_**

I agree to release any pictures taken during the program to be used for promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_