

Camp Registration form

Camper's Name _____

Date of Birth _____ Grade _____

Parent / Guardian _____

Address _____

City _____ Postal Code _____

Phone _____ Cell _____

E-mail _____

How did you hear about ArtVenture Art Studio?

Emergency Contact Information

1 - Name _____ Relationship _____

Phone _____

2 - Name _____ Relationship _____

Phone _____

I agree to receive electronic monthly newsletters and notices of special events Y N (check one)

Medical or other conditions requiring special attention:

I hereby give ArtVenture staff permission to seek medical attention in the event of an emergency.

Occasionally we take pictures of students in class and their art for promotional literature and for our website. If you have any concerns please talk to our staff.

Signature _____ Date _____