

Camp Registration form

Name _____

Address _____

City _____ Postal Code _____

Phone _____ Cell _____

E-mail _____

Date of Birth _____

Grade _____ Week requested _____

How did you hear about ArtVenture Art Studio?

Emergency / Contact Information

Name _____

Relationship _____

Address (if different from above)

Phone _____ Cell _____

Medical or other conditions requiring special attention and instructions:

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

Signature _____

Date _____

Occasionally ArtVenture takes pictures of students in class and their works of art for promotional literature and for the photo gallery on the website. If you have any concerns please talk to one of our staff.