

Summer Art Camp Registration Form

Camper Information

First Name

Last Name

Age

Date of Birth

Address

City

State

ZIP Code

Parent/Guardian Information

Name

Relationship

Phone

Email

Emergency Contact (other than parent/guardian)

Name

Phone

Relationship

Camp Selection

Select Session

T-Shirt Size

Medical & Allergies

List allergies or special conditions

Will the camper need to take medication during camp hours?

Additional Notes

Anything else we should know?