

Sampson Arts Council
2018 Summer Art Camp Online Registration Form



Parent/Guardian Information

Parent/Guardian Name: _____

Mailing Address: _____

Home Phone #: _____ Work/Cell # _____

E-mail: _____

Student Information

Student Name: _____ Age: _____ Grade entering in Fall 2018: _____

Student Name: _____ Age: _____ Grade entering in Fall 2018: _____

Registering for Session

_____ **July 23 - 27 "Design It!" - 8:30am-12:00pm, Victor R. Small House in Clinton**

_____ \$100 for Members _____ \$150 for Nonmembers

Total amount paid online _____

_____ **July 30 - Aug 3 "Art in Nature" - 8:30am – 12:00pm, Victor R. Small House in Clinton**

_____ \$100 for Members _____ \$150 for Nonmembers

Total amount paid online _____

___ Check here if you will allow your child's name or photo to be used in our promotional materials

Release Information

I release the SAC camp staff, and instructors from any accidental injury derived from participation in Summer Art Camp.

Parent/Guardian Signature: _____ Date: _____

Emergency Care Information

If parent or Guardian cannot be reached, in case of emergency call:

Responsible Adult: _____ Day Phone: _____

In case of emergency, permission is given for the director or teacher to determine whether a situation requires simple first aid or immediate transport to the nearest medical facility.

Parent/Guardian Signature: _____ Date: _____

Please return registration form to the Sampson Arts Council, 709 College St., Clinton, NC 28328

We look forward to seeing your child at Summer Art Camp!