



PRATTAUGA ART GUILD
AND THE CITY OF PRATTVILLE
SUMMER ART CAMP
JUNE 20-25, 2016 OR
JULY 18-22, 2016

Registration Form

Student's Name: _____

Sex M / F Age: _____ Grade Completed: _____ School: _____

Parent or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone: _____

Any know allergies or other pertinent medical information: _____

TUITION COST/DATES/TIMES

Cost is \$75 per student for the week. Tuition must be paid in full with registration. A limited number of students will be accepted and will be served on a first-come first-served basis. The time of the camp is from 10:00AM-2:30PM Monday through Friday. There will be a reception and exhibit of the works created during the camp on Saturday from 10am-2pm.

Camp Size

Camp size is limited to, so mail your registration early.

Registration is not guaranteed until you receive a confirmation call or email reply.

Registration

Mail your registration form **with payment** (make checks payable to the City of Prattville) to: Summery Youth Art Camp, 101 West Main Street, Prattville, AL 36067. You also may charge the registration fee with Mastercard or Visa.

RELEASE FROM LIABILITY

I hereby give permission for _____ to participate in the PAG Summer Art Camp. I declare that I am the parent or legal guardian of the above-named child, and I have custody and control of the child. While I realize that all precautions will be taken to guard my child from injury, I will not hold the City of Prattville, the Prattauga Art Guild, it's organizers, sponsors, supervisors, and/or participants responsible for accidents that occur. My signature indicates that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

Parent/Guardian Signature

Date



FOR MORE INFORMATION
334/595-0854 OR
BARBARA.SMPSON@PRATTVILLEAL.GOV

