

SUMMER CAMP 2017 - REGISTRATION

PERSONAL INFORMATION

CHILD'S NAME: _____ AGE: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

CAMP CHOICE (check all that apply):

- TEEN ARTS
AGES 12-15
VISUAL ARTS
 CAMP CREATIVITY
AGES 8-14
VISUAL ARTS
 IMAGINATION RULES
AGES 5-7
VISUAL ARTS
 THEATER CAMP
AGES 6-14
THEATER ARTS
 PAGE TURNERS
AGES 8-12
LITERARY ARTS

SUMMER CAMP WEEK OR SESSION	DATES	TIMES	COURSE FEE
TOTAL DUE			

PAYMENT INFORMATION

I WILL BE PAYING BY: (please check one)

TOTAL PAID: _____

CASH # CHECK

CREDIT CARD (see below)

CREDIT CARD #: _____

EXPIRATION DATE: _____ / _____

NAME ON CARD: _____

BILLING ZIP CODE: _____

MEMBERSHIP INFORMATION

ARE YOU A CURRENT MEMBER OF THE SARATOGA ARTS? YES NO

IF NOT, WOULD YOU LIKE TO BECOME A MEMBER? YES NO

Saratoga Arts' members receive discounts on classes, members-only exhibition opportunities and much more!