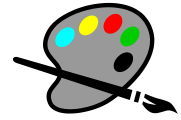


**2017 ART CAMP REGISTRATION FORM  
HOLLIDAYSBURG AREA ARTS COUNCIL**



**Limited Enrollment**

**Prepaid Registration Required**

**Cost: \$85 per Student**

Please Circle Program: Camp 1: Ages 6 - 8      Camp 2: Ages 9 - 11  
Dates: June 12-13-14-15-16      June 26-27-28-29-30  
Location: Longer Art Room ◀      Longer Art Room ◀  
Time: 9:00 – NOON      9:00 AM – NOON

**Fill out a registration form for each child you wish to enroll.**

Child's Name: \_\_\_\_\_ Sex M F Age: \_\_\_\_\_ School: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip \_\_\_\_\_

Email for Reservation Confirmation &  
Transportation number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Health and Safety Information:**

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Specify any allergies and nature of allergic reaction \_\_\_\_\_

Specify any medications currently being administered (STAFF CANNOT ADMINISTER MEDICATION)

Specify any emotional/learning problems, special needs, etc. \_\_\_\_\_

Indicate any physical activities to be restricted \_\_\_\_\_

Transportation: \_\_\_\_\_

List Names of people authorized to transport student:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**No Student will be allowed to come to or leave Camp with an unauthorized person.  
Transporter must be listed here and have the transportation ID number.**

Photography Permission: \_\_\_\_\_ No Photographs will be taken of students without permission.  
Student Name: \_\_\_\_\_ Circle: Y or N

**Parent/Guardian Signature Authorizing Camp Participation** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO QUALIFY.**

Please make \$85 check payable to: Hollidaysburg Area Arts Council *Check holds participant's spot.*

Mail Form and Check to: Christine Liebal – 413 Cedar Boulevard, Hollidaysburg PA 16648 Ph: 696-4226

**REGISTRATION DEADLINE IS MAY 1, 2017!**