

2010 Summer Art Camp registration form

Space is limited, so please enroll early.

Please fill out completely.

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Work _____ Cell _____

Email _____

Child's Name (first) _____ (last) _____

Child's Age _____ New Camper Returning Camper

**Register Online at
MoreanArtsCenter.org**

**This form is for
Art Camp only.
Clay Camp form is on page 10**

Payment Options

Enclosed is a check made payable to the Morean Arts Center
Please charge my: Visa MasterCard
 Amex Discover

Card # _____

Exp. Date _____ CVC _____

Signature _____

To reserve your space, submit this form along with your payment to:
Morean Arts Center

719 Central Ave.

St. Petersburg, FL 33701

For questions regarding registration, call 727.822.7872. x21

For questions regarding membership, call 727.822.7872. x23

How did you hear about us?

Website Newspaper Email

Magazine Word of Mouth

Other _____

For office use only
Registration received
____/____/____
Processed by _____
____/____/____

Select your weeks:

		AM Extended Care: (\$25)	PM Extended Care: (\$75)	Both Extended Care: (\$90)	Tuition	Total
Week 1	June 14-18	_____ +	_____ +	_____ +	\$145 =	_____
Week 2	June 21-25	_____ +	_____ +	_____ +	\$145 =	_____
Week 3	June 28-July 2	_____ +	_____ +	_____ +	\$145 =	_____
Week 4	July 5-9	_____ +	_____ +	_____ +	\$145 =	_____
Week 5	July 12-16	_____ +	_____ +	_____ +	\$145 =	_____
Week 6	July 19-23	_____ +	_____ +	_____ +	\$145 =	_____
Week 7	July 26-30	_____ +	_____ +	_____ +	\$145 =	_____
Week 8	August 2-6	_____ +	_____ +	_____ +	\$145 =	_____
Week 9	August 9-13	_____ +	_____ +	_____ +	\$145 =	_____
Week 10	August 16-20	_____ +	_____ +	_____ +	\$145 =	_____

- Discount _____

Total Due: _____

Signature _____ Date _____

Contact in case of emergency _____

Home Phone _____ Cell Phone _____

Liability Release: With regard to the student named above, I, the undersigned parent or legal guardian, do hereby release the Arts Center Association, Inc. or any person or persons acting on its behalf from liability for any bodily injury sustained, or loss or damage of any personal article, while on the premises or participating in any activity sponsored by the Arts Center Association, Inc. Furthermore, the undersigned agrees that in the event that medical attention is required due to accident or illness, the Arts Center Association, Inc. shall be permitted to seek such medical services at it shall deem necessary and appropriate through EMS/911 and/or local hospitals.

Photo Release: I hereby allow the Morean Arts Center to take photographs of my child/children to be used for Morean Arts Center public and archival purposes only.

yes no

Camp Fees and Discounts:

- Tuition \$145
- Register for all TEN weeks at one time and receive a \$15 discount PER week.
- Register for FOUR or more weeks at one time and receive a \$10 discount PER week.

2010 Summer Clay Camp registration form

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Please fill out completely.

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Work _____

Email _____

Child's Name (first) _____ (last) _____

Child's Age _____

Photo Release: I hereby allow the Morean Arts Center to take photographs of my child/children to be used for Morean Arts Center public and archival purposes only. yes no

Liability Release: With regard to the student named above, I, the undersigned parent or legal guardian, do hereby release the Arts Center Association, Inc. or any person or persons acting on its behalf from liability for any bodily injury sustained, or loss or damage of any personal article, while on the premises or participating in any activity sponsored by the Arts Center Association, Inc. Furthermore, the undersigned agrees that in the event that medical attention is required due to accident or illness, the Arts Center Association, Inc. shall be permitted to seek such medical services as it shall deem necessary and appropriate through EMS/911 and/or local hospitals.

Signature _____ Date _____

Contact in case of emergency _____

Home Phone _____ Cell Phone _____

How did you hear about us?

Website Newspaper Magazine Word of Mouth Email Other _____

Select your weeks:

Session 1 June 14-18* _____ \$ _____

Session 2 June 21-July 2 _____ \$ _____

Session 3 July 5 – 9* _____ \$ _____

Session 4 July 12-23 _____ \$ _____

Session 5 July 26-30* _____ \$ _____

Session 6 August 2 – 13 _____ \$ _____

Session 7 August 16-20* _____ \$ _____

- Discount _____

Total \$ _____

*ONE Week Session Tuition: \$145

TWO Week Session Tuition: \$290

New Student

Returning Student

Discounts:

- Register for all TEN weeks at one time and receive a \$15 discount PER week.
- Register for FOUR or more weeks at one time and receive a \$10 discount PER week.

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