

## 2009 Art Camp registration form

Please complete both sections of the registration form

Week numbers \_\_\_\_\_

Total weeks: \_\_\_\_\_ @ \$140 (full tuition) = \_\_\_\_\_

\_\_\_\_\_ @ \$130 (for 4 or more weeks) = \_\_\_\_\_

Extended care program by the week ages 5 thru 11 only

Mornings: 8am to 9am Total wks. @ \$25 \_\_\_\_\_ = \_\_\_\_\_

After camp only: 3pm to 5:30pm Total wks. @ \$75 \_\_\_\_\_ = \_\_\_\_\_

Mornings & Afternoons: Total wks. @ \$90 \_\_\_\_\_ = \_\_\_\_\_

I would like to add a 1-year Arts Center Membership

Please circle: new renewal

Family @ \$55 = \_\_\_\_\_

Individual @ \$45 = \_\_\_\_\_

Professional artist/student/senior @ \$30 = \_\_\_\_\_

(Students must be 16 yrs. Or older and enrolled in a full-time program)

I would like to contribute to the Arts Center Scholarship Fund

Contribution amount = \_\_\_\_\_

Total tuition + Fees enclosed = \_\_\_\_\_

Optional: How did you hear about Art Camp? Please check all that apply:

\_\_\_ Newspaper \_\_\_ Word of Mouth \_\_\_ Direct Mail \_\_\_ Previously Attended Art Camp

\_\_\_ www.theartscenter.org \_\_\_ T.V. \_\_\_\_\_ Other

### Registration:

Registrations must be accompanied by a completed registration form and payment.

Enrollment is limited and spaces are filled on a "first come-first served" basis. The Arts Center reserves the right to cancel any session which does not meet minimum enrollment, in which case a full refund will be given.

### Transfers, Cancellations, & Refunds

**Transfers:**

Campers may transfer to another week providing space is available. Transfers must be made one week (7 days) prior to the start of your scheduled camp week.

**Cancellations:**

The Arts Center reserves the right to cancel any session which does not meet minimum enrollment, in which case a full refund will be given.

**Refunds:**

Withdrawal from any **class, workshop, or camp** must take place **one week** (7days) prior to the start date of the program. A \$25 administration fee will be assessed to the refunded tuition.

A 50% credit will be issued toward a future class, workshop, camp, or gift shop purchase for withdrawals taking place during the week preceding the start of a program. Credit is valid up to one year.

**Once a week of camp has begun, no refunds or credits will be issued.**

The Arts Center is a not-for-profit community arts organization, and we welcome students of all creeds and ethnic origins. Scholarship funds may be available. Please contact Katie Screven in the Education Department at 727. 822.7872, ext. 29.

If you are registering your child over the phone, be sure to make special requests at the time that you register.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Child's School \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

Email\_\_\_\_\_

Name(s) of other sibling(s) registered for camp.  
Please complete one registration form for each child.

I would like my child in the same group as:  
Name \_\_\_\_\_ Age\_\_\_\_\_

**Photo Release**

I hereby allow the arts Center to take photographs of my child/children to be used for Arts Center public relations and archival purposes only.  
\_\_\_\_\_yes \_\_\_\_\_no

**Liability Release**

With regards 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\_\_\_\_\_

Day \_\_\_\_\_ Cell \_\_\_\_\_ Evening Phone\_\_\_\_\_

**Payment Options**

\_\_\_\_\_ check made payable to **The Arts Center.**

**Credit card:** \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ AMEX \_\_\_\_\_ Discover

**Credit Card #** \_\_\_\_\_

**Ex. Date** \_\_\_\_\_ **Sec. Code** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Mail or return form with payment to:**

**The Arts Center  
719 Central Avenue  
St. Petersburg, FL 33701  
For more camp info. Call 727.822.7872  
Or visit website: [www.theartscenter.org](http://www.theartscenter.org)**