

SUMMER ART CAMP (AGES 5 - 12)



Spend one week or multiple weeks this summer drawing, pottery, painting, sculpture, dancing, cartooning, creating jewelry, making new friends and having the most fun!! **Projects change weekly, no repeated art work!**

Participant needs to bring a smock, lunch, mid-morning snack and a drink each day!

Confirmation of enrollment will be your cancelled check or credit card statement. We will call one week before your session begins to verify.

ART CAMP SCHEDULE 2010

Dates: June 7 – August 6

Time: 9:00 a.m. – 3:00 p.m.

For ages 5 – 12

Cost: \$195.00 per week (includes supplies)

Location: 1000 Northfield Ct, Suite 130
Roswell, GA 30076

Session 1: June 7 – June 11

Session 2: June 14 – June 18

Session 3: June 21 – June 25

Session 4: June 28– July 2

Session 5: July 5 – July 9

Session 6: July 12 – July 16

Session 7: July 19 – July 23

Session 8: July 26 – July 30

Session 9: Aug 2 – Aug 6

Mailing address is noted at the bottom of page. Thank you.

SUMMER ART CAMP REGISTRATION FORM (Please Print)

Art Camp Week _____ Session _____

Participant's Name _____ M _____ F _____

Address _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____ Home Phone _____

Parent/Guardian _____ Cell _____

Email _____ Work Phone _____

Emergency Contact Person (s) _____ Tel _____

List any Medical Conditions _____

I/We, the above participant (s), and parent (s) /guardian (s), do hereby consent to participation in the above program, including all activities to the program. I/We assume all responsibilities for, and risks and hazards of, participation in the named program. I/We understand that **NO REFUNDS** will be issued. We reserve the right to compliment your child or you by using any classroom artwork in future promotions.

Date _____ Signature of Participant or Guardian (s) _____

TOTAL AMOUNT DUE: \$ _____

METHOD OF PAYMENT: (Select One)

VISA MC AMEX CHECK # _____

(There is a \$20.00 service charge on all returned checks)

I would like an Art Camp T-Shirt at \$10.00 per shirt
Size: Child MED 10/12 LG 14/16
Size: Adult SM MED LG (circle selection)

Card Number _____

Expiration Date _____

Please send payment to: YOU GOTTA HAVE ART • P.O. Box 3834, Alpharetta, GA 30023-3834 • Telephone: 770.667.9337
Fax: 770.360.9798 • Web: www.yougottahaveart-studio.com • Email: artist1@yougottahaveart-studio.com