

REGISTRATION

Summer

Please fill out all requested information and print clearly. Siblings may use a single form.

Student name(s) _____

Age(s) _____ Birth date(s) _____

Student status (circle one) Currently enrolled / Returning / New to ArtWorks**

If new to ArtWorks how did you hear about us? _____

School(s) student(s) attends(s) _____

Parent name(s) _____

Address _____

City _____ Zip _____

Daytime phone 1 _____ Daytime phone 2 _____

Email address _____

Emergency contact _____

Enclosed is my check in the amount of \$ _____ for _____ workshop(s)/camp(s).

** If you are new to ArtWorks, please remember to include the \$15 Registration fee.

PROGRAM DATES AND COURSE CHOICE

Circle the workshop or camp you are enrolling in.

- June 13 – 17 Art Camp 2 OR Art Camp 4 OR Drawing Exploration
- June 20 – 24 Art Camp 1 OR Cartooning OR Mixed Media Sculpting
- June 27 – July 1 Art Camp 3 OR Art Camp 4 OR Drawing Exploration
- July 4 – 8 No Classes
- July 11 – 15 Art Camp 2 OR Cartooning OR Drawing Exploration
- July 18 – 22 Art Camp 1 OR Art Camp 3 OR Drawing Exploration
- July 25 – 29 Art Camp 2 OR Cartooning OR Mixed Media Sculpting
- August 1 – 5 Art Camp 4 OR Portfolio Prep OR Drawing Exploration
- August 8 – 12 Art Camp 1 OR Art Camp 3 OR Cartooning

If you would like to pay by credit card, please call our office. If paying by check, please make checks payable to ArtWorks and mail to:

360-E West Portal Avenue, San Francisco, CA 94127

For office use only:

Amount \$ _____

Invoice sent _____

Bal Due \$ _____

Ck # _____ / CC / \$

Date: ____ / ____ / ____

Ck # _____ / CASH

\$0 Bal

Date: ____ / ____ / ____

Date: ____ / ____ / ____