

Summer 2017 Art Camp Registration

Name of Child _____ Parents Name _____
Address _____ City _____ Zip _____
Phone _____ Cell _____ Date of Birth _____
Age of Child _____ Email Address _____
Emergency contact _____ Phone _____

Please indicate which camp you are registering your child for:

- | | |
|--------------------------------|---------------------------------------------------|
| Little Artist Camp | ages 3-5 (entering kindergarten) |
| ___ July 18, 19, 20 9-11 AM | WAC members: \$35 Non-members: \$40 |
| Art Adventure Camp | ages 5-11 (completed K – 5 th) |
| ___ July 24, 25, 26 10 AM- 2PM | WAC members \$65 Non WAC members \$70 |
| Teen Art Camp | ages 12 and up |
| ___ Aug 1, 2, 3 10 AM – 2 PM | WAC members \$65 Non WAC members \$70 |

A snack will be provided each day of camp, but older campers should pack a lunch.

Please list any health concerns, problems or allergies:

Please check if your child may be photographed by the Winsted Arts Council for publication and/or publicity. _____

List one or two friends your child may like to be with _____

Mail registration and payment to Winsted Arts Council, PO Box 177, Winsted MN 55395

For Questions, email us at winstedartscouncil@gmail.com