



2016 Summer Art Program

Date _____ Workshop Title _____

Student Information

First Name: _____ Last Name: _____ Male ___ Female ___
Student School: _____ Grade Fall '16: _____

Parent Information

First Name: _____ Last Name: _____
Hm Ph. No.: _____ Cell Ph. No.: _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Emergency Contact: _____ Phone: _____
Relationship to Student: _____ Food Allergies: _____
Other allergies or concerns: _____

Workshops (Check one)

Prepay 11 workshops \$50 \$5 Individual Workshop Scholarship Request

Scholarships are limited and offered on a case-by-case basis. LCAC asks our scholarship grantees to volunteer on behalf of the organization when possible.

Initials _____ Yes, I am willing to volunteer

LCAC Member? Y/N ___ If No, is student or family interested in becoming a Member? Y/N _____

Photo/Video Release For Minor Children (Under the age of 18)

I, (print name) _____, parent or official guardian of (print child's name) _____, hereby grant permission to Lassen County Arts Council representatives, to take and use: photographs and/or digital images of my child for use in news releases and/or promotional materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I further agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Lassen County Arts Council representatives.

Signature of Parent/Guardian

Date

Drop off completed form and payment to:

807 Cottage Street
Susanville, CA
M-F 12-4 p.m.

Mail completed form and payment to:

PO Box 91
Susanville CA 96130
Questions? Call (530) 257-5222

***** OFFICE USE ONLY *****

AMOUNT PAID \$ _____ (circle one) CASH CHECK # _____