

Marshall County Art Guild Gallery & Studio

2025 Summer Art Camp

107 West Commerce Street ~ P.O. Box 1862 Lewisburg, Tennessee 37091
931-422-7049 (gallery) ~ marshallcountyartguild@gmail.com ~ www.marshallcountyartguild.org

Thank you for your interest in attending summer ART day camp! The Marshall County Art Guild is a non-profit 501(c)3 in Lewisburg, Tennessee offering year-round ART programs in several different mediums for all ages & skill levels. The summer camp will be for school age children interested in learning more about ART. The campers will learn from several different instructors in such areas as pastels, sewing, pottery, watercolor, jewelry, drawing, mixed media, painting & other arts. There will be 2 camps held this year: **SESSION 1** (June 23-27 last FULL week in June) and **SESSION 2** (July 21-25; 3rd FULL week in July) from 9AM to 2PM. Campers must be school aged & interested in learning about art. Campers are asked to bring their own sack lunch and snacks. Register early to guarantee your child's spot. Camp registration will be first come first serve. This is a MCAG fundraiser & non-refundable. Payment is due with application. Limited Space.

1. CHOOSE A SESSION

Summer Camp Fees (per week):

Non-Members:

\$150 Early Bird Registration (due by 3/31/2025)

\$175 Discount Registration (due by 5/20/2025)

\$200 Registration Fee

****MCAG Members ask about additional discount.*

Please Mark Camp(s) Attending:

Session 1 (June 23-27) 9AM-2PM

Session 2 (July 21-25) 9AM-2PM

2. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: _____

Name you prefer to be called (if different): _____

Name of School: _____ Grade: _____ Age: _____

Recommend for ages 6 to 12 years old.

T-Shirt Size (circle one): **Youth:** XS SM MED LG *or* **Adult:** SM MED LG XL XXL XXXL

Name of Parent/Guardian/Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Email address you check frequently: _____

3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

4. SAFETY INFORMATION Does your camper have any medical conditions, allergies, or special needs the camp instructors/staff /volunteers should know about?

Thank You for Supporting MCAG!