Alton Holman Heritage Arts, Inc.

P. O. Box 390, #30 Alabama St., Cave Spring, Georgia 30124

Heritage Arts Camp Application

NAME:			Preferred name:	
Home Mail	ing Address:			
City		State	Zip	
Phone: ()	Email:		
Date:	July 10-12		Bring a sack lunch, Fill out health and release forms, Bring a smile Be at least 8 years old	
Time:	9:00 a.m. to 4:0		De at least o years ord	
Place:	Hearn Building,	Hearn Building, Rolater Park, Cave Spring, Georgia		
Number you second choice		preference (We will do	our best to give you your first and	
Broom M	faking	Chair Caning	Leather Craft	
	Pysanky	Woodw	orking	
Afternoon 7	Transportation			
Who will be	picking up your chile	d from camp each day?_		
Please list tv	vo people who are all	owed to pick up your cl	aild in an emergency:	
1		2		
	If there is a change up Director, John Kap		ion, the parent or guardian will need to	
\$120 after J	July 1. Chair Caning	g, \$60. You may also	ick and Pledge". \$100 before July 1, send a check (payable to AHHAS) to C	
		Cave Spring,	GA 30124	
	ent and application ha out and turned in the f		ill send a confirmation letter and forms	
Signature (1	parent for those under	18):	Date:	