

## Into the Fire SUMMER ART CAMP REGISTRATION FORM



Name of Participant:		Age:
Parent/Guardian:		
Contact Numbers: CELL:	WORK:	
		E:
Special Instructions (medical or behavior modifications, medication, allergies, etc.)		
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CAMP(S) ATTENDING: (choose y		-
Gnomey Ages 5 & up	. , , , , , , , , , , , , , , , , , , ,	-
Mermaid Ages 5 & up		-
Space Wars Ages 5 & up	□ June 22-25 (9:00-11:30) or	-
<b>D+</b> Ages 5 & up	□ July 6-9 (9:00-11:30) or	Pick a day
Seasons Ages 8 & up	□ July 13-16 (9:00-11:30) or	Pick a day
Sweet Treats Ages 5 & up	July 20-23 (9:00-11:30) or	Pick a day
<ul> <li>guidance and supervision with ear Summer Camp.</li> <li>In order for ITF Summer Camp to participation is expected. In the eyour child will be excused for the Payment in full is expected at the We will do our best to complete eavailability and the time it takes for finish during the scheduled time,</li> <li>Please be prompt in dropping off late in picking up your child, pleas</li> <li>Your child could get messy. Pleas</li> <li>Pottery may take up to a week to</li> <li>Only registered students can stay educational experience for your of Snack will be provided at ITF Car</li> <li>We will take photos of your artists photo your child, please let us kn</li> </ul>	ach activity, but we will not be responsible of be enjoyable for ALL campers, and the ovent that your child becomes disruptive day. No refund will be given for that se time of registration. We accept checks every project scheduled. Projects are su or students to complete each project with he/she can return during regular busine and picking up your child so that we can se notify us at the studio at 423-926-25 se be sure that he/she is dressed accord complete the firing process. y in the designated area for ITF Summe schild and other campers! s to use this time as a break for both ad your kiddos to show off what they've can p, please be sure to list any allergies s throughout the week and share for pa ow! UPER EXCITED to share some creative time	<ul> <li>a, cash and debit/credit cards.</li> <li>bject to change depending on supply thin the time frame. If your child does not ess hours to complete the project.</li> <li>an stay on schedule. If you are going to be 29.</li> <li>rdingly.</li> <li>er Camp. This is meant to be a fun &amp; ult and child. Please do plan to attend our reated.</li> <li>at top of form!</li> <li>rents to download, if you prefer us not to</li> </ul>
Parant/Guardian:		Data:
Parent/Guardian: PAYMENT:		Date:
TOTAL AMOUNT PAID:		
Form of payment: CASH DE	BIT/CREDIT CHECK #	BY: