Oregon Artist School Summer Camp

Registration Form

Model's Name	Birthday				
Gender	Regular School		_Grade		
Allergy:					
Parent or Guardian Contact Information					
Name (first, last)		Re	Relationship		
Street Address		Ci	ty	Zip	
Home phone	Home phone		Cell phone		
Email		W	Work phone		
Name (first, last)		Re	Relationship		
Street Address		Ci	ty	Zip	
Home phone		Ce	Cell phone		
Email			Work phone		
Medical / Dental Contact Information					
Insurance Provider and Policy Information (if applicable)					
Primary Physician Name	rimary Physician Name		Phone		
Jun 10 - Jun 14, 2019 ()		Jun 17 - Jun 21, 2019 ()			
Jun 24 - Jun 28, 2019 ())	July 1- July 5, 2019 () * 4 days			
July 8 - July 12, 2019 ()		July 15 - July 19, 2019 ()			
July 22 - July 26, 2019 (*	July 29 - August 2, 2019 ()			
August 5, 2019 - August	9, 2019 ()	August 12-August 16, 2019 ()			
*Weekly \$225, or \$250 after March 15, 2019; Clay week, materials fee will be added \$10/day. *Full day: 9:00AM-5:00PM, \$50/day, or \$55/Day after March 15, early drop or Later pick up \$10/HR/Kid					
Parent/Guardian Signat	ture				