



2019
Terrebonne Fine Arts Guild
Summer Art Camp Registration Form



Student Name _____ Birth Date _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

Email _____

Grade (going to) _____ School Attended _____

Class Date Registering for:
 Circle ONE:

June 10-14 AM or PM

 or

June 17-21 AM or PM

 or

July 8-12 AM or PM

 or

July 15-19 AM or PM

Has your child attended TFAG's art classes before? No Yes If yes, how many years? _____

Please note any health or behavioral problems your child may have that may affect his/her performance at this camp. Please let us know if your child requires extra attention or someone to be with him or her.

I WILL NOT HOLD THE TERREBONNE FINE ARTS GUILD OR ITS MEMBERSHIP PERSONALLY RESPONSIBLE SHOULD MY CHILD BECOME SICK OR HURT DURING THE ART CAMP. I WILL LET TFAG KNOW IF SOMEONE ELSE IS PICKING UP MY CHILD.

Parent's Signature _____

Relationship to child if not parent _____

To be completed by TFAG member: _____ Date Taken: _____

Registration Fee: \$ _____ paid by: Cash _____ or Check # _____
 or Winner/Free Class _____

Registration taken by TFAG member _____

Notes or comments: _____

