

Summer Camp Registration

Name(s)_____ Age(s)_____

Parent(s)_____

Address_____

Phone_____

E-Mail_____

Emergency Contact_____

Special Information/Allergies_____

Camp Session(s)_____

Payment \$_____

Check nbr._____

or Visa/MC/Discover_____

exp_____ 3-digit code_____ sig_____

Cost covers instruction, materials, and snacks. There is a \$10 discount for siblings. Partial scholarships for low income and special needs students are available (call the Office at 814-234-2740 for more information).

Mail Registration form and check to:

Art Alliance
P.O. Box 811
Lemont, PA 16851