

STUDENT / CAMPER INFORMATION

Name _____ M/F _____ Age _____ D.O.B. _____

Street Address _____ Town _____

Home Phone # _____ Zip Code _____

Emergency Contacts: Parent/ Other Adult Information

Name (mom) _____ Cell# _____ Wk# _____

Name (dad) _____ Cell# _____ Wk# _____

Name (other) _____ Cell# _____ Wk# _____

Parent's Email Address _____ (for special events and other updates)

Student's Artistic Interests or Experience _____

Class _____ / _____ / _____ (or) Camp Session # _____ Time _____
(Name or Code #) (Day) (Time)

Class / Camp Session Fee _____ Registration / Materials Fee* _____

TOTAL Amount Enclosed _____ Ck # _____ Date _____

*** Registration and/or Material Fees are non-refundable**

PLEASE MAIL PAYMENTS TO: ARTISAN STUDIO

**P.O. Box 194
Marlboro, NJ 07746**

Advertising Clause / Permission for Usage:

Artisan Studio, L.L.C. may occasionally wish to photograph the students/campers working on their projects as well as the projects themselves for the purpose of advertising in local publications, website and fliers (no identification or names given). We will do so only with your permission. Please check one of the following and sign your name (parents only).

___ YES, I give permission for my child to be photographed. _____

(signature)

___ NO, I do not wish to have my child photographed. _____

How did you hear about us? _____ other _____
(Name of publication)

(Rev. 1/10/08)