



REGISTRATION FORM - ART CLUB FOR KIDS ages 7-11
Winter 2018 - Six Saturdays
January 20th, 27th; February 3rd, 10th*; March 3rd & 10th
9:30 - 11:00 am
 (* NO Art Club over Winter Recess Feb 17th & 24th)

Participant's Name _____

Date of Birth _____ Age _____ Gender _____

Grade _____

Parent/Guardian Name _____

Relationship to participant _____

Email _____

Phone #: Home _____ Cell _____

Address _____

Town _____ Zip _____

In case of emergency, if we cannot reach parent/guardian listed above, who may we contact?

Emergency Contact Name _____ Phone # _____

Permission: I give my permission for _____ to attend and participate in activities at the TCFA Art Club at the Trumansburg Conservatory of Fine Arts (TCFA) - Cayuga Arts Collective (CayAC).

(Please print name)

(Signature)

PAYMENT DUE WITH REGISTRATION - \$60 (10% sibling discount = \$54) - please make check payable to TCFA - CayAC and mail to TCFA, Attn: CayAC, P.O. Box 1053, Trumansburg, NY 14886

Office Use : Paid _____

