



REGISTRATION FORM :

Art Club for kids ages 6-10

Wonderful world of Art ages 11 & up

SPRING 2018 - Six Saturdays

April 7th, 14th, 21st, 28th; May 5th & 12th

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 _____

