

# SUMMER ART CAMP REGISTRATION

*A separate registration form must be completed for each student*

2018 June - August

## CAMPER / STUDENT INFORMATION

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parents' / Guardians' Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Would you like to receive E-News? Y N

Allergies \_\_\_\_\_ Other Health Conditions \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relation \_\_\_\_\_

## PAYMENT INFORMATION

HMA Membership ID # \_\_\_\_\_ Check Enclosed? Y N VISA / MasterCard / Discover /AmEx

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

## PHOTOGRAPHY RELEASE

Signing gives permission for the registered student to be photographed for publicity purposes including but not limited to media coverage during his/her visit to HMA, and release HMA from liability and demands for compensation, award or other consideration whatsoever arising from the enrolled appearing in such material.

Signature \_\_\_\_\_

## MISC

Would you like to receive a brochure about art-themed birthday parties at HMA? Y N

AGE	CAMP / CLASS TITLE	DATES	TIME	FEE
		Food & Fun (add \$15/wk)		
		Membership (add \$50)		
		<b>TOTAL</b>		
My child needs to be picked-up at 10 AM from CSC's Early Drop-Off				YES / NO
My child needs to be escorted to CSC's Afternoon Camp at Noon				YES / NO
My child needs to be picked up from CSC after AM camp sessions				YES / NO

**Return registration form with payment to the Museum:**

### BY MAIL

Hickory Museum of Art  
243 Third Ave NE  
Hickory, NC 28601

### IN PERSON

Hickory Museum of Art  
2nd Floor Offices  
On the SALT Block  
243 Third Ave NE  
Tuesday – Fri, 10 AM – 5 PM

### BY FAX

(828) 327-7281