

HALF-DAY CLAY CAMP

for ages 5 to 7

April 14–18, 2008

9 am–noon each day



MEMORIAL ART GALLERY

585-276-8959

mag.rochester.edu

New this Spring Break is a week-long, half-day program for clay. Half-Day Clay offers exciting projects, high-quality instructors and the integration of MAG exhibits into the program. Children are closely supervised by friendly and responsible teachers and teacher assistants. Our talented clay teachers will team up to introduce, teach and reinforce essential clay skills including coiling, pinching, using molds, building with slabs, slipping and scoring. All projects will be fired, most will be glazed, and all will be available for pickup a week after the end of the program.

Fee: \$150 (members \$135) includes all materials, but please pack a snack for your child.

Children may be dropped off and signed in no more that 15 minutes before the program starts and will be picked up no later than 30 minutes after the program ends. Refund of 50% will be given if office is notified by April 1. Please note: Behavior problems deemed sufficiently disruptive will result in a child's removal from the program. No refunds are made in these cases.

HALF-DAY CLAY CAMP REGISTRATION FORM

REGISTRATION CONSTITUTES ACCEPTANCE OF PROGRAM AND REFUND POLICY

Name _____ Birthdate & age (child) _____

ADULT'S NAME _____ Relationship _____

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HOME ADDRESS _____ Zip _____

TELEPHONE (day) _____ (cell/home) _____

(email) _____

GALLERY MEMBER? Yes ____ No ____ (If yes) member # _____

Wish to become a member? Yes ____ No ____ (Family/Dual \$65; other levels available)

PLEASE SIGN HERE TO ACKNOWLEDGE THAT YOU HAVE READ THE INFORMATION ABOVE.

ADULT'S NAME _____ Date _____

METHOD OF PAYMENT

Enclosed is my check payable to the Memorial Art Gallery. Amount paid: \$ _____

Please invoice my Visa/MC/Discover # _____

Exp. date _____ Cardholder's name _____ Amount paid: \$ _____

I am paying cash. (PLEASE DO NOT MAIL.) Amount paid: \$ _____

OFFICE USE ONLY

Course fee _____

Membership _____

TOTAL _____

Date proc. _____

Chk # _____

Auth# _____

Initials _____ Book _____

Rpro receipt # _____

M.L. _____ M.B. _____

Date refunded _____

Amount \$ _____

Initials _____