

# CREATIVE WORKSHOP REGISTRATION FORM WINTER & SPRING ART DAY CAMP & CLAY CAMP 2023

Registration constitutes acceptance of program and refund policies listed on the previous pages.

**YOU MAY REGISTER ONLINE AT [bit.ly/CW\\_ArtDayCamps](http://bit.ly/CW_ArtDayCamps) OR  
COMPLETE THE INFORMATION BELOW**

Please note: If you register online, you do NOT need to fill out the section below, but the permission forms on pages 6 & 7 still need to be completed and mailed or faxed to 585.276.8960 at least one week before the start of class.

Child's Name: \_\_\_\_\_

Child's Date of Birth(mm/dd/yyyy) & Age: \_\_\_\_\_

Registering Adult's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Home)

Email address: \_\_\_\_\_

Best Emergency Contact (name/phone/email): \_\_\_\_\_

Please circle CODES below for all sessions desired:

<b>WINTER ART DAY CAMP \$315* per session</b>	Full week February JR 1CW23/ SR 2CW23	<b>*MAG MEMBERS SAVE 10% !</b>
	Monday JR 3CW23 / SR 4CW23	
	Tuesday JR 5CW23/ SR 6CW23	
	Wednesday JR 7CW23/ SR 8CW23	
	Thursday JR 9CW23/ SR 10CW23	
	Friday JR 11CW23/ SR 12CW23	
<b>SPRING ART DAY CAMPS \$315* per session</b>	Full week April JR 1CSP23/ SR 2CSP23	
	Monday JR 3CSP23/ SR 4CSP23	
	Tuesday JR 5CSP23 / SR 6CSP23	
	Wednesday JR 7CSP23 / SR 8CSP23	
	Thursday JR 9CSP23 / SR 10CSP23	
	Friday JR 11CSP23/ SR 12CSP23	
<b>CLAY CAMPS \$330* per session</b>	Full week February JR 13CW23 / SR 14CW23	
	Full week April JR 13CSP23/ SR 14CSP23	

OFFICE USE ONLY

Course fee \_\_\_\_\_

# of weeks \_\_\_\_\_

Membership \_\_\_\_\_

TOTAL \_\_\_\_\_

Date proc. \_\_\_\_\_

Cash \_\_\_\_\_

Check # \_\_\_\_\_

Order # \_\_\_\_\_

Rpro # \_\_\_\_\_

Initials \_\_\_\_\_

List \_\_\_\_\_

Confirm \_\_\_\_\_

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Refund \_\_\_\_\_

Amount \$ \_\_\_\_\_

Initials \_\_\_\_\_

Rpro # \_\_\_\_\_

Order # \_\_\_\_\_

Confirm \_\_\_\_\_

Date \_\_\_\_\_

GALLERY MEMBER? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes) member # \_\_\_\_\_

Wish to become a member? Yes \_\_\_\_\_ No \_\_\_\_\_ (Family with CW discount \$80; to learn about other levels, visit [mag.rochester.edu/join](http://mag.rochester.edu/join))

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: \$ \_\_\_\_\_

I am paying cash. (CASH PAYMENTS ONLY IN PERSON-PLEASE DO NOT MAIL.) Amount Paid: \$: \_\_\_\_\_