## Bosque Arts Center Culinary Club YOUNG CHEF'S CAMP

## Registration Form Monday, August 5 – Friday, August 9, 2024 2 p.m. to 5 p.m. \$90 per student

Must have completed 3rd through 6th Grade

Name of Participant:	Male/Female
Address:	City, Zip:
Daytime Phone: ()	2 <sup>nd Phone</sup> : ()
Email Address:	
Birth date:	Age: Last Grade Completed:
Parent/Guardian:	
class waiting list, and if an opening limited number of spaces available	s full we will contact you immediately. Your name will automatically be placed on the g should become available you will be notified immediately. *Please note: There are a for this camp, and registration is on a first-come first-serve basis* Limited financial is may be obtained in the Arts Center office and MUST be returned to that office five RELEASE
I,	, am the parent/guardian of, a child under the age of eighteen (18) and I hereby give my
permission for said instruction harmless from any injuries aris Bosque Arts Center. <i>I underst</i>	from the Bosque Arts Center and agree to hold the Arts Center or instructors ing out of said instruction, other than injuries caused by gross negligence of the and that photos may be taken during the event for publicity. In the event of an rize the Bosque Arts Center or one of its employees or the instructor to seek
Bosque Arts Center i	s not responsible for any exposure to potential food allergens.
Parent or Guardian	Date
Special Instructions:(nose bl	eeds, allergies, physical disorders, etc.)
Emergency Number	Relationship
(home, work	
Physician:	Phone
Photographs including my child pa may be used for publicity purpose	

Email: office@bosqueartscenter.org