

Children's Cooking Camp
Monday, August 4, - Thursday, August 7
2:00 – 4:30 p.m. - \$90 per individual
Must have completed 3rd through 6th grades.

Name of Participant: _____ Male/Female

Address: _____ City, Zip: _____

Daytime Phone: (____) _____ 2nd Phone: (____) _____

Email Address: _____

Birth date: _____ Age: _____ Last Grade Completed: _____

Parent/Guardian: _____

IF CLASS IS FULL

We will contact you immediately. Your name will automatically be placed on the class waiting list, and if an opening should become available you will be notified immediately. ***Please note:** There are a limited number of spaces available for each class, and registration is on a first-come first-serve basis*

Photographs including my child participating in activities may be used for publicity purposes: YES___ NO___

RELEASE

I, _____, am the parent/guardian of _____, a child under the age of eighteen (18) and I hereby give my permission for said instruction from the Bosque Arts Center and agree to hold the Arts Center or instructors harmless from any injuries arising out of said instruction, other than injuries caused by gross negligence of the Bosque Arts Center. I understand that photos may be taken during the event for publicity. In the event of an accident and/or illness, I authorize the Bosque Arts Center or one of its employees or the instructor to seek medical attention and I will assume all expenses incurred.

Please note any food allergies: _____

Parent/Guardian Signature Date

Emergency number: _____ Relationship: _____

Physician: _____ Phone: _____

Bosque Arts Center

P.O. Box 373, 215 College Hill Drive
Clifton, Texas 76634, 254/675-3724
Email: office@bosqueartscenter.org

PLEASE WEAR CLOSE TOED SHOES!
LIMITED CLASS SIZE