Bosque Arts Center Cursive Writing Camp

Registration Form

Monday, July 10 – Thursday, July 13, 2023 9:00 a.m. to 1:00 p.m. \$60 per student Age 7+ years old

| Address: | | City, Zip: | |
|---|---|---|--|
| Daytime Phone: () | | 2 ^{nd Phone} : () | |
| Email Address: | | | |
| Birth date: | Age: | Last Grade Completed: | |
| Parent/Guardian: | | | |
| Please provide a sack lunch an | ıd mid-morning snacl | k for your child. All other materials are furnished. | |
| placed on the class waiting list, an *Please note: There are a limited r | d if an opening should number of spaces availa ial assistance is availab | you immediately. Your name will automatically be become available you will be notified immediately. able for this camp, and registration is on a first-come ble. Applications may be obtained in the Arts Center prior to start of class. | |
| | RELE | ASE | |
| permission for said instruction from harmless from any injuries arising Bosque Arts Center. <i>I understant</i> accident and/or illness, I authorized | om the Bosque Arts C g out of said instruction d that photos may be t the Bosque Arts Ce tume all expenses incu | am the parent/guardian of d under the age of eighteen (18) and I hereby give my denter and agree to hold the Arts Center or instructors in, other than injuries caused by gross negligence of the taken during the event for publicity. In the event of an enter or one of its employees or the instructor to seek arred. Bosque Arts Center is not responsible for any | |
| Parent/Guardian Signature | | Date | |
| Emergency number: | | Relationship: | |
| Physician: | | Phone: | |
| Special Instructions: | | disorders, etc.) | |
| (nose bleed | as, allergies, physical o | ilsorders, etc.) | |
| Photographs including my child pa | articipating in activities | may be used for publicity purposes. YES NO | |

215 College Hill Drive Clifton, Texas 76634, 254/675-3724

Name of Participant: _____

254-675-3724

www.bosqueartscenter.org

Email: office@bosqueartscenter.org

Male/Female