

REGISTRATION FORM**ALL AMERICAN CAMP****Depot Galley***Please print clearly and use a separate form for each student.*

Name of Student: _____ Age: _____

Name of Parent or Guardian: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone 1: _____ Phone 2: _____ EMAIL: _____

List any medical conditions, allergies, etc.: _____

**FEE: \$20.00 per day**

Check Day	Week	Date	Class	Times	Ages	Fee
	Monday	July 1	"In the USA"	9 - 12	6 - 13	
	Tuesday	July 2	"High Flying Kite"	9 - 12	6 - 13	
	Wednesday	July 3	"America the Beautiful"	9 - 12	6 - 13	
					Total	\$

Terms and Conditions:

*Due to a limited enrollment, registration will be accepted on a first received basis.

*Arrive and pick-up of students are to be no more than 10 minutes before and after the class.

*Refund Policy – If participant cancels, 50% of payment is refunded.

CLASSES FILL UP EARLY – Don't hesitate!

Make check payable to River Region Art Association and mail to 320 E. Ascension St., Suite C, Gonzales, LA 70737 or drop your registration form and payment at the Depot Gallery at the above address, Wednesday – Saturday, 11 am-4pm or Sunday 12 – 4 pm. You may register your child during our hours of operation. Registration Form can be found on the website: www.riverregionartassociation.org.

Release of Liability: My signature acknowledges that I have read and fully understand the terms and conditions stated herein. I hereby release River Region Art Association, its officers, volunteers, and instructor who are under contract with RRAA, from all claims for injury, loss, damage or negligence my child may suffer as a result of participation in the River Region Summer Art Program 2018.

Signature of Parent or Guardian: _____

I agree that my child's photo may be used in publicity about the art program in local newspapers.

Signature of Parent or Guardian: _____

For Office Use Only

Amount Paid: _____ Check _____ Check # _____ Cash _____ Charge _____

Date Received: _____ Receipt Number: _____