

**Council of the Arts, Inc. Summer Art Camp**  
**July 13 - 17 & July 20 - 24 Age groups: 8-11 and 12-15**  
**ARTSCAPE Gallery, 1917 Cogswell Ave, Suite 3, Pell City, AL**  
**Phone 205-884-ARTS (2787)**

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**Camper's Name** \_\_\_\_\_

**Camper's Address** \_\_\_\_\_

**City, Zip** \_\_\_\_\_

**Age at Camp** \_\_\_\_\_ **Birthday** \_\_\_\_\_ **Grade 2009-2010** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Contact Phone number** \_\_\_\_\_

**Alternate phone number (s)** \_\_\_\_\_

The new format for Art Camp will give each camper an opportunity to learn an art form. This will help us learn which children are interested in having a more in-depth opportunity to learn a particular art form and develop future workshops based on their interests.

There will be eight (8) campers per class giving each child an opportunity to learn in a small group appropriate to their own age group. The younger group will have a class in the morning and the older in the afternoon. Times are 9:00 AM until Noon and 1:00 PM until 4 PM. A mid-morning and afternoon snack will be served. Below is a list of classes offered so your child may choose any of the art forms he/she wishes to learn about. The cost is \$25 per class.

**Please check the classes your child wishes to take.**

**Collage/Multimedia** \_\_\_\_\_ **(Friday)**

Janice Entler

**Beading** \_\_\_\_\_ **(Thursday)**

Connie Kelley

**Painting** \_\_\_\_\_ **(Tuesday)**

Carol Little

**Basketry** \_\_\_\_\_ **(Wednesday)**

Marilyn Huey

**Drawing** \_\_\_\_\_ **(Monday)**

Donna Turner

**Remember that the classes are small and will be assigned on a first-come, first-served basis so fill out your application as soon as possible. Some adjustments may be made to combine classes if both weeks are not full.**

**Please indicate which week is preferable to your schedule:**

July 13-17 \_\_\_\_\_

July 20-24 \_\_\_\_\_

**Total Amount of Check enclosed: \$ \_\_\_\_\_**

**Should there be a need to change your request for the purpose of combining classes, you will be contacted about the change.**

**Further Information needed:**

**Phone Numbers**

Mother's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Contact number \_\_\_\_\_

**Medical & Emergency Information**

Allergies \_\_\_\_\_

List any other medical issues the camper may have \_\_\_\_\_

In the Event the parent is not available in case of emergency, I hereby grant the Council of the Arts, Inc. Permission to secure emergency medical treatment.

Signed by Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please fill out this application and mail with your check payable to **Council of the Arts, Inc.** to **1917 Cogswell Ave, Suite 3, Pell City, AL, 35125.** **Should you have any questions, call the Gallery at 205-884-2787. If you reach a recording, please leave a message and we will return your call.**