

**Watauga County Arts Council
 Summer Arts Camp Registration Form
 June 23-June 28, 2008**

Please complete one form per child.

Payment and completed release form must be enclosed for registration to be acc

Child's Name	<input type="text"/>		
Age	<input type="text"/>		
Parent's Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Home Phone ()	<input type="text"/>	E-mail	<input type="text"/>
Work Phone ()	<input type="text"/>		

My child will participate in the following (please check one)

Summer Arts Camp (includes Missoula rehearsals): \$110.00	<input type="checkbox"/>
Missoula rehearsals only: \$50.00	<input type="checkbox"/>

Check Method of Payment

Cash	<input type="checkbox"/>	<i>Please make check payable to "Watauga County Arts"</i>
Check	<input type="checkbox"/>	
Credit Card	<input type="checkbox"/>	
Type of Card	<input type="text"/>	<i>We accept Mast Discover</i>
Exp. Date	<input type="text"/>	

Credit Card Number	<input type="text"/>
Signature	<input type="text"/>

Please complete release form!!

*Registration cannot be accepted without completed release form or
 Please note that cancelled registrations will receive a refund only if the cancelled spot
 with another participant from the waiting list.*

For office use only	
	(Please initial)
Registration form received by: _____	Date: _____
Payment received by: _____	Date: _____
Release form given/mailed to parent by: _____	Date: _____
Release form received by: _____	Date: _____
Payment deposited by: _____	Date: _____

: 828-262-4599

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