

# Arts Council of Wilson Summer Camp 2010 Registration Form

Please be sure to fill out both sides of this registration form. A 20% non-refundable deposit is required to hold a space in each camp. Full payment is required before the start of each camp. You may receive a refund of 80% of the camp fee if cancellation is received at least 2 weeks prior to the start of class. NO refunds are issued for any classes where cancellation is received less than 2 weeks within the start of class. We reserve the right to cancel individual camps due to lack of participants, in which case, a full refund will be given. Prices and deadlines are listed on reverse side.

Make all checks payable to **Arts Council of Wilson.**

Mail, fax or deliver registration and payment to: Arts Council of Wilson  
 124 Nash St. SW Fax 252-234-0049  
 Wilson, NC 27893-3956 or call 252-291-4329 x10

<b>Date:</b> _____ <b>Camper's Name:</b> _____ <b>Age:</b> _____ <b>DOB:</b> _____ <b>Parent's Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>Zip:</b> _____ <b>Home Phone:</b> _____ <b>Cell or Work Phone:</b> _____ <b>E-mail:</b> _____	<b>Payment:</b> <b>Cash</b> ___ <b>Check #</b> _____ <b>M/C</b> ___ <b>Visa</b> ___ <b>CC#</b> _____ <b>Exp. Date:</b> _____ <b>Name on Card:</b> _____ <b>Signature:</b> _____ <b>Emergency Contact (other than parent):</b> <b>Name:</b> _____ <b>Phone #:</b> _____
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Week 1 AM _____ \$_____ (6/14-6/18) PM _____ \$_____ Week 2 AM _____ \$_____ (6/21-6/25) PM _____ \$_____ Week 3 AM _____ \$_____ (6/28-7/2) PM _____ \$_____ Week 4 AM _____ \$_____ (7/5-7/9) PM _____ \$_____ Week 5 AM _____ \$_____ (7/12-7/16) PM _____ \$_____	Week 6 AM _____ \$_____ (7/19-7/23) PM _____ \$_____ Week 7 AM _____ \$_____ (7/26-7/30) PM _____ \$_____ Week 8 AM _____ \$_____ (8/2-8/6) PM _____ \$_____ Week 9 AM _____ \$_____ (8/9-8/13) PM _____ \$_____
	<b>Summer Total</b> \$ _____ <b>Deposit:</b> \$ _____ <b>Balance Due:</b> \$ _____

## ACW Summer Camps 2010 - Registration fees and Health Information

Arts Council of Wilson camps are \$65 for each half-day camp (\$55 for ACW '10 contributors), \$100 for each full-day camp (\$80 ACW '10 contributors). Registration fees for "A Year With Frog and Toad Kids" are \$85 / \$75 for ACW '10 contributors. A **separate registration form** will be available for this class and **fees are due Monday after auditions**.

Registration deadlines are 6 business days before the start of each camp. For example, if camp starts on Monday, June 14th the registration deadline is 5pm on Friday, June 4, 2010.

The following information is needed for each child. Please use a separate form for each child. You have permission to copy this registration form.

Camper's Name: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Is camper covered by health insurance? yes \_\_\_\_ no \_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Name on Insurance Card: \_\_\_\_\_

Please list all medical conditions (allergies, epilepsy, asthma, dietary restrictions, medications, and/or disabilities). Many camp activities involve food, so please list any food allergies!

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I believe my child is physically, mentally and emotionally capable of participating in the summer camp programs offered by the Arts Council of Wilson. I verify that you have my permission to take my child to the nearest medical facility for emergency treatment. Furthermore, my child has my permission to participate in field trips and to be photographed or videotaped for promotional purposes.

\_\_\_\_\_  
Parent / Guardian's printed name

\_\_\_\_\_  
Parent / Guardian's signature

*Please photocopy form for additional registrants*