



Artistica 2017 registration form

Name _____

Address _____

Date of birth _____

Medicare # _____

Allergies, medical or behavioral conditions _____

Parent's/Guardian's Names _____

Telephone: Home _____

Work _____ Cell _____

Please list 2 Emergency contacts (not parents) 1. _____

2. _____

Parent's/Guardian's Signature:

Payment can be made by cash, cheque, credit or debit card at the Gallery's Front Desk.

Please note that refunds are possible only with a 5 day cancellation.

YOUR REGISTER RECEIPT IS YOUR OFFICIAL RECEIPT. Please ensure that you pick up your receipt before or during the camp week and retain it for any applicable purposes.

A completed and signed form is required for registration.