



2018 Fall Registration Form

Name _____

Address _____

Age _____ Grade _____ Allergies _____

Sewing Experience _____

Parent/Guardian Name _____

Contact phone # _____ Email _____

<input type="checkbox"/> Sept. 10-13 (Trk 1)	<input type="checkbox"/> Oct. 15-18 (Trk 4)	<input type="checkbox"/> Nov. 12-15 (Trk 2)
<input type="checkbox"/> Sept. 24-27 (Trk 1)	<input type="checkbox"/> Oct. 29-Nov. 1 (Trk 3)	<input type="checkbox"/> Dec. 10-13 (Trk 1)
<input type="checkbox"/> Oct. 1-4 (Trk 4)	<input type="checkbox"/> Nov. 5-8 (Trk 3)	<input type="checkbox"/> Dec. 17-20 (Trk 1)

****Please mail tuition payment 1-month prior to start date of your child's camp to ensure the spot is held. Make checks payable to: Donna Vanden-Heuvel
Address: 831 Red Hawk Ct., Fuquay-Varina, NC 27526**

Release and Hold Harmless Agreement

I understand that my child's participation in sewing camp carries with it the potential for certain risks. By signing this agreement, I agree to release, indemnify, and hold harmless Sew by Heart Sewing Studio from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of my child's participation in Sew by Heart sewing camps.

Signature: _____

Date: _____