

2023 SPRING BREAK ART CAMP REGISTRATION

Artist name: _____ Age and DOB: _____

Parent/Guardian name: _____

Address: _____ City and ZIP: _____

Email (please PRINT): _____

Cell phone #: _____ Home phone #: _____

Emergency contact name: _____ Relationship: _____

Emergency contact phone #: _____

Anything you want us to know about your child(ren)? Please describe below:

How did you hear about us? _____

- I give permission to the Ceramic Garden to receive text messages.
- I give permission to the Ceramic Garden to take photos and/or videos of my child for promotions and marketing purposes..
- I signed the art camp waiver (available for download @ www.theceramicgarden.com).

Payment is due in full with registration. No refunds or credits issues for missed days.

Cash: _____ Check: _____ Received on: _____ By: _____

Please note we do not accept payments via PayPal on our website. Please complete this registration form and art camp waiver. Mail check (made payable to The Ceramic Garden) and forms to: **19213 N. Dale Mabry Hwy., Lutz, FL 33548.**