



Summer Watercolor Camp Registration

Georgetown County Watercolor Society, Sharon Bogan & Jodi Hudson

Name of Student _____ Age _____

Parent's Name _____

Address _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

I _____ acknowledge that during camp, my child will be using art tools and supplies. I release Sharon Bogan and Jodi Hudson from all liability for injuries sustained while my child attends Summer Art Camp. I am the parent and/or guardian of the minor named above and have the legal authority to execute the above release

Signed: _____ Date: _____

Any allergies we should know about, including food?

Mail check with this form to: Jodi Hudson, 295 Blockade Drive, Pawleys Island, SC 29585 or through venmo (@GCWSwatercolorcamp)

Paid via: _____ Date: _____