MUCCI WORLD SUMMER ART CAMP REGISTRATION FORM

Location: 7911 W 171st Street, Tinley Park, IL 60477

Website: www.mucciworld.com | Phone: 708-247-2100

Camper Information	
Child's Full Name:	
Age:	
Date of Birth:	
Allergies/Medical Conditions: _	
Parent/Guardian Information	
Name:	
Phone Number:	
Email:	
Emergency Contact (Other tha	n Parent/Guardian)
Name:	
Phone Number:	
Session Selection	
Please select the sessions your child will attend:	
[] 1-Hour Morning Session (9:00 AM - 10:00 AM)	
[] 1-Hour Afternoon Session (11:30 AM - 12:30 PM)	
[] 2-Hour Morning Session (9:00 AM - 11:00 AM)	
[] 2-Hour Afternoon Session (11:30 AM - 1:30 PM)	
Days Attending (Check all that ap	oply):
[] Monday	
[] Tuesday	
[] Wednesday	
[] Thursday	

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[] Friday
Add-ons (Optional):
[] Pizza + Drink Friday (\$5 per day)
Payment Method:
[] Cash
[] Credit Card
[] Online Payment
Total Amount Due: \$
*Sibling Discount: 10% off each additional child
Authorization & Consent
hereby give permission for my child to participate in Mucci World's Summer Art Camp.
understand that Mucci World is not responsible for any injury or loss. I grant permission f
photographs to be used for promotional purposes unless otherwise noted.
Parent/Guardian Signature:
Date: