

## Art Camp Registration Form

Camper 1: Name \_\_\_\_\_ Age \_\_\_\_\_

Camper 2: Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

Session Dates \_\_\_\_\_ (circle choice) AM or PM

Amount Paid \_\_\_\_\_

Mail to HCAF, PO Box 1169, Ingram, TX 78025