

Art Workshop/Camp Registration

Name of event/Date: _____

Participant's Name _____ Age _____

Address _____

City _____ Zip _____

Email _____ Phone _____

Grade in Fall of 2024 _____ Referred by: _____

Anything else you would like me to know about your child?

I authorize Nancy Hayes to obtain medical attention for my child if he/she is injured or becomes ill. I have insurance covering my child in case of accident or injury. I know of no pre-existing condition that prohibits my child from participating in Art Camp/Workshop activities.

Signature of Parent/Guardian

Cell Phone #

Methods of payment: Cash, check or Venmo.
Contact: Hayes.artsy1@gmail.com