Kiddy Art Camp

July 12-16
$75.00

Participant Information

Child's Name: _____

Age: _____

Parent/Guardian Name: _____

Emergency Contact Phone: _____

Email Address: _____

Session Selection (Please check one)

- ☐ **Session 1 (Ages 4–8):** 10:00 AM – 10:45 AM
- ☐ **Session 2 (Ages 9-12):** 11:00 AM – 12:00 PM

T-Shirt Size (Please select one)

- ☐ Youth Small
- ☐ Youth Medium
- ☐ Small
- ☐ Medium
- ☐ Large

Additional Information

Allergies or Medical Conditions: _____

Additional Comments: _____

Parent/Guardian Signature: _____
Date: _____

***Please return to Kristie Gough at HHS by July 6th only 15 per session. Payment will be due on first day of camp.