

SUMMER ART EXPERIENCE

AGES 8 TO 12 Sessions limited to 12 students.

Rutherford County Visual Artists Guild

160 N. Main Street, Rutherfordton. Mailing address:
P.O. Box 2015, Rutherfordton, NC 28139
828.288.5009. rcvartg@gmail.com
www.rcvag.com

Indicate Week (A different program will be offered each week.)

___ June 17 to 21 (Fantastic Creatures) ___ June 24-28 (Paint Yourself) ___ July 15 to 19 (Gourd Play)

Name (Print) _____ Age _____

Parent/Guardian Name (Print) _____

Address _____

City _____ State _____ Zip _____

Telephone #1: _____ Telephone #2 _____

email _____

Child's T-shirt Size: _____

Fee: \$65. Make check payable to RCVAG. Indicate camp session choice on check. You may also register through the Guild website: www.rcvag.com.

Checks may be mailed to RCVAG at P.O. Box 2015, Rutherfordton, NC 28139. CANCELLATION POLICY: Your fee (less a \$5 processing charge) will be refunded if you cancel **5 working days before session begins**.

Name of Emergency Contact _____ Phone _____

Name of Person(s) authorized to pick up student besides those listed above:

1 _____

2 _____

Please describe 1) any health problems, allergies, medications, etc. and 2) any other special information that will assist in instruction: _____

Consent: I give consent for the listed child to participate in the RCVAG summer workshop. In the event of any emergency, I authorize RCVAG to seek medical treatment which may be advised or recommended by an attending physician.

I understand that no refund will be made if my child is dismissed due to inappropriate behavior.

The RCVAG has my permission to use photographs of my child for publicity purposes such as news releases, brochures, posters, or the RCVAG Web site. ___yes ___ no

For Office Use
Date Paid: _____
Payment Type:
___ check
___ credit card
___ cash
received by: _____

Signature of Parent/Guardian

Date