Summer Camp Registration

Student's Name(s)& Age:	Date:
Parent's Name	
Address :	City, State & Zip
Phone:	Cell:
Email:	
Emergency Contact- Phone & Relationship	D:
Allergies or Special Needs?	
Camp/Workshop	Date
least 21 days before camp begins to receiv time will be refunded in the form of class I understand that my child is participati	ssed by the student. All cancelations must be made a ve a refund of camp fees. Any cancellations after that
Parent's Name	Date
If so, please include \$12 with your registra	T-shirt for your child? Please Circle One: YES NO ation. Child's T-shirt Size? Please enclose a check or would edit card?
Please make checks payable to The Creativ The Creative Canvas 982 North Main Plaza Dr. Cornelia, GA 30531	

Please let us know if you have any questions! 706-776-1022 www.TheCreativeCanvas.net