



# REGISTRATION FORM

## SUMMER CAMP (PLEASE PRINT)

Camp Name & Week(s) \_\_\_\_\_

Participant's Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Address \_\_\_\_\_

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

Age \_\_\_\_\_ Best Contact Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Tel \_\_\_\_\_

List any Medical Conditions \_\_\_\_\_

I/We, the above participant (s), and parent (s) /guardian (s), do hereby consent to participation in the above program, including all activities to the program. I/We assume all responsibilities for, and risks and hazards of, participation in the named program. I/We understand that NO REFUNDS will be issued. We reserve the right to compliment your child or you by using any classroom artwork in future promotions.

Date \_\_\_\_\_ Signature of Participant or Guardian (s) \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

METHOD OF PAYMENT: (Select One)

VISA  MC  AMEX  DISC  CHECK # \_\_\_\_\_

(There is a \$20.00 service charge on all returned checks)

CARD NUMBER \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_

If CC address is different from home address please include billing address.

Please send payment to: YOU GOTTA HAVE ART • P.O. Box 3834, Alpharetta, GA 30023-3834  
• Telephone: 470.233.4610 • Web: www.yghapro.com • Email: artist1@yghapro.com