

PAINT SPOT[®]

Art Camp (aka Summer Camp)

2015 REGISTRATION FORM

Child's Name: _____

Child's Age: _____

Child's Birth date: ____ / ____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____

Alt (cell) Phone: (____) ____ - _____

Email: _____

Responsible Adult: _____ Relationship: _____

Emergency Contact: _____ Relationship: _____

Phone: (____) ____ - _____

Alt (cell) Phone: (____) ____ - _____

Any Allergies: _____

Medications: _____ Medical Conditions: _____

Participation Date(s):

___ Mon., 6/15- Fri., 6/19

___ Mon., 7/6- Fri., 7/10

___ Mon., 7/20- Fri., 7/24

___ Mon., 6/22- Fri., 6/26

___ Mon., 7/13- Fri., 7/17

___ Mon., 7/27- Fri., 7/31

Amount Paid: \$ _____ (*\$229 for Monday-Friday camp/10% sibling discount*)

Payment Type: _____ Cash

_____ Check (*for advance reservation only*)

_____ Credit Card
(*Visa, MasterCard, Discover*)

Credit Card No.: _____ Expiration Date: _____ CVS#: _____

One registration form MUST be filled out per child. The form will be kept on file at the studio. You may register at the store, over the phone, fax or by mail. For questions call (502) 899-7768. Thank you!

Mail to: Paint Spot
4600 Shelbyville Road
Louisville, KY 40207

Fax to: (502) 899-7775