



Art Class Title:

Participant Name: Participant Age:

PHONE: Home Cell

Street Address City Zip

Please send me program info at this e-mail address:

INSURANCE/RELEASE WAIVER

I understand that the registration fee for this program does not include the cost of insurance. I also therefore release and hold harmless the City of Newberry from liability, expenses, damages, losses or costs (including attorney's fee) incurred as a result of injury to the above named child during his/her participation in the program.

X

Signature of Parent/Guardian/Participant Date

**Christmas Art Camp Dates
Ages 5-12**

Class	Time	Day	Dates	Cost	MARK WITH X DAYS SELECTED
Christmas Art Camp	9am-12pm	Monday	December 19 th	\$20 Includes all materials Snacks and Drinks Provided	
Christmas Art Camp	9am-12pm	Tuesday	December 20 th	\$20 Includes all materials Snacks and Drinks Provided	
Christmas Art Camp	9am-12pm	Wednesday	December 21 st	\$20 Includes all materials Snacks and Drinks Provided	
Christmas Art Camp	9am-12pm	Thursday	December 22 nd	\$20 Includes all materials Snacks and Drinks Provided	
SIGN UP FOR ALL 4 DAYS OF CAMP, RECEIVE \$10 DISCOUNT					

- OFFICE USE ONLY -

Make Checks Payable to City of Newberry CASH CHECK# _____ Received By: _____

AMOUNT PAID: _____