NORTH CHARLESTON CULTURAL ARTS DEPARTMENT
2016 SUMMER ARTS CAMPS REGISTRATION FORM

Cost: $50 per week **Registration Opens:** March 1st

Please make checks payable to the City of North Charleston.
Registrations will be accepted until one week before each camp's start date based on space available.
Register early to guarantee a space!

- **To register by mail,** submit this form along with payment in full to City of North Charleston Cultural Arts Department, P.O. Box 190016, North Charleston, SC 29419-9016.
- **To register in person,** visit the Cultural Arts Office located in North Charleston City Hall at 2500 City Hall Lane, North Charleston, SC 29406 Monday through Friday from 8:30 am-4:30 pm. Please call (843) 740-5854 for details.

Check camp selection(s):

__ June 6-10: Visual Arts I (Ages 5-8) at Olde Village Community Building
__ June 13-17: Visual Arts I: Bilingual Workshop: English-Spanish (Ages 5-8) at Midland Park Building 200

__ June 13-17: Visual Arts II (Ages 9-13) at Olde Village Community Building
__ June 20-24: Visual Arts II: Bilingual Workshop: English-Spanish (Ages 9-13) at Midland Park Building 200

__ June 20-24: Drama Camp I (Ages 5-8) at Olde Village Community Building
__ June 27-July 1: Music Camp: Kickin' Keyboards (Ages 9-13) at Olde Village Community Building

__ July 11-22: Drama Camp II (Ages 9-13), 2-Week Performance Workshop at Olde Village Community Building
__ July 25-29: African Drum & Dance Camp (Ages 5-13) at Olde Village Community Building

Participant's Full Name:_____ SEX:____ DOB:_____

Address:_____City:_____State:_____ZIP:_____

Parent or Guardian's Name:_____

Home Phone: _____ Business Phone: _____

Email: _____ Cell Phone: _____

In Case of Emergency:_____ Phone:_____

Special Needs (Medical, Allergies, Disabilities):_____

_____

In consideration of the acceptance of my entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the North Charleston Cultural Arts Department and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by this group. I do hereby grant permission to the City of North Charleston Cultural Arts Department the use of photographs and/or digital media of me or my child in advertisements, publications, and or any other collateral materials. I do hereby certify all of the above information to be correct and true.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:
Fee Paid $:_____ Cash:_____ Check #:_____ Money Order:_____

Receipt #:_____ Call office to make credit card payment.

Phone: (843) 740-5854 Fax: (843) 529-2291 E-mail: culturalarts@northcharleston.org
Website: www.northcharleston.org
Office Contact: Krystal Yeadon (843) 740-5851 kyeadon@northcharleston.org