

COM REGISTRATION

Guardian _____
Student _____
Age of student _____
Birth Date _____
Address _____
Phone # _____
Emergency Contact _____
Email _____

PERMISSION FOR COM TO TEACH SAID STUDENT
(SIGNATURE) _____

Method of payment (please circle one) Credit/Debit, Check, Venmo, Paypal, Cash
\$ _____

Any further information you would like us to know about your budding Artist?

Camp Registration (Date and Time)

ALLERGIES?
