

# ART CAMP 2008

Registration Form  
August 4-8, 2008  
(Ages 11-15)

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Tee Shirt Size

Pick One:  Small  
 Medium  
 Large

Pick **ONE** Media:

Photography Camp  
 Drawing/Painting Camp  
 Drama Camp

Parent or Guardian's Signature: \_\_\_\_\_

**Please mail this form and an \$90 check (registration fee) made out to the  
ACCC (Arts Council of Carteret County) to:  
ACCC Arts Council of Carteret County  
ATTN: Art Camp 2008  
P.O. Box 2294  
Morehead City NC 28557**