

CAMP 2010 REGISTRATION FORM**

Camper _____

Week attending _____

Birth date _____ Age _____

Parent _____

Address _____

City _____ Zip _____

Phone _____ Cell _____

Emergency contact _____

Allergies _____

Would you like to join our email list:

Non-refundable deposit: \$50 per session

Balance due first day of camp

**Completed registration form required

must be accompanied with deposit

Deposit enclosed \$ _____

Check _____ Visa/MC _____

Exp date _____

Signature _____

You will be notified immediately if the session you requested is full.

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