

**Teen Street Art Camp 2016
Registration Form**

Student Information

Name:

DOB:

Parent information

Name:

Email:

Phone:

Address:

City/ State/ Zip:

Emergency Contact Information:

Name:

Phone:

Relationship:

Allergies and special needs:

Please list any allergies (food or other):

Please list any special needs that require
accommodation:

Registration Information

Monday 11 July - Friday 15 July 2016
9.30 AM -12.30 PM DAILY

Registration fee: **\$175**

Payment options

Enclosed is my check for \$_____

or please charge to:

_____AMEX

_____MASTERCARD

_____VISA

Name on card

Card number

Expiration date

Security code

Signature

Please make checks payable to Dallas
Contemporary.

**Please retain a copy for your records
and mail registration form to:**

Dallas Contemporary
ATTN: Street Art Camp
161 Glass Street
Dallas, Texas 75207

or **Fax** to 214 821 9103

or **email** to

learning@dallascontemporary.org