

MONART School of the Arts 2010 Summer Camp Registration Form



Please use one registration form per student you are registering.

Student: _____ Age: _____

Parent/Guardian: _____

Address: _____

City / ZIP Code _____

Phone Number: _____ Cell Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Any Medical Issues: _____

Name and Date of Summer Camp(s):

1. _____

2. _____

3. _____

Amount Enclosed: \$ _____ for _____ student(s)

Please write your student's/students' name on your check!

Parent/Guardian Signature

Date

Please make checks payable to "MONART School of the Arts."

Please mail tuition and summer camp registration to: MONART School of the Arts
10556 Industrial Ave, Suite 130
Roseville, CA 95678

If you have any questions, please call us at (916) 203-2723.