

FAVA TEEN CAMP REGISTRATION FORM

STUDENT NAME(S): _____ AGE: _____

_____ AGE: _____

_____ AGE: _____

PARENT/GUARDIAN NAME: _____

Phone #(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

T-Shirt Size _____

Tuition

\$170/wk or \$150/wk for FAVA members

** Additional family members enrolled in the same camp receive a 50% discount.

Need-based scholarships available. Please contact FAVA for more information.

_____ Check is enclosed (please make payable to FAVA)

_____ Please bill my credit card:

(circle one)

VISA

MC

AmEx

Discover

Account #: _____

Exp. Date _____

Signature _____

_____ Applying for scholarship

TOTAL CAMP FEE: _____

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EMERGENCY CONTACT INFO:

1) Name/Relation: _____

Phone #: _____

2) Name/Relation: _____

Phone #: _____

Allergies, medical conditions, etc (if any): _____

PHOTO RELEASE & CONSENT

I give permission for _____ to be photographed and/or videotaped by the media and representatives of the Firelands Association for the Visual Arts (FAVA) in conjunction with activities associated with FAVA Summer Art Camps 2010.

I hereby transfer to FAVA all copyright and other interests in the photographs and/or videotape taken. I also hereby grant royalty-free permission, including nonexclusive world rights in all languages, to reproduce in all formats including but not limited to print, electronic, and/or CD-ROM, to reproduce and include this individual's likeness for promotional purposes of the FAVA Education Program and its funders.

I do not give permission for my child to be photographed and/or videotaped for the purpose described above.

Signature _____ Date _____