



For office use only: Paid w/chk # _____ Amount \$ _____ Rec'd by _____

Age 6-11 2017

Return completed application along with your \$65 or \$75 check made out to "AAAC" to: Judi McCall, 320 Davis St., Allegan MI 49010 Applications accepted in order received.

Note: The price is \$65 for AAAC members and \$75 for non-members

ALLEGAN CAMP

**Monday - Thursday Aug 7-10 Hours 8:30am to 11:45am
Griswold Lower level (401 Hubbard St.)**

Camper Information

Age _____ Allergic to: _____

Name _____ date of birth _____

Address _____

Home Phone Number _____ Email _____

Emergency Contact Information

Name _____

Address _____

Phone number(s) _____

Alternate Name _____ Phone _____

I consent to allow my minor child to participate in all activities associated with Allegan Area Arts Council sponsored camp held at the Griswold Auditorium, Allegan.

I acknowledge that my child is healthy and able to complete this/these camp(s). I further agree that the City of Allegan, camp staff and camp sponsors will be held harmless of any liability should an accident occur during activities related to art camp.

Parental/Guardian Signature _____ Date _____