



For office use only: Paid w/chk # _____ Amount \$ _____ Rec'd by _____
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**Age 7-15 2019**

*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 - Friday July 29 - Aug 2 Hours 9:00am to 11:30am  
Griswold Lower level (401 Hubbard St.)**

**Camper Information**

Age \_\_\_\_\_ Allergic to: \_\_\_\_\_

Name \_\_\_\_\_ date of birth \_\_\_\_\_

Entering \_\_\_\_\_ grade in fall of 2019

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 \_\_\_\_\_

For more information, please go to our website: [alleganarts.com](http://alleganarts.com) and scroll down to "Upcoming Events"