

# SIRIN Art Studio

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## WINTER ART CAMP

December 26-29 2018

Student Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Parents / Guardian Names

\_\_\_\_\_

Phone ## \_\_\_\_\_

Email(s) \_\_\_\_\_

Emergency contact \_\_\_\_\_

Medical information: Allergies \_\_\_\_\_

Any other physical condition we should know about \_\_\_\_\_

### CLASS INFORMATION

Full Session (Dec.26-29)     \$250    

3-Day Session\* (please circle any 3 dates: Dec. 26, 27, 28, 29 )     \$190    

\*Registration for a 3-day option will be open on November 20 and is a subject to space availability

HOW did you hear about SIRIN? \_\_\_\_\_

### PHOTOGRAPH PERMISSION

I give permission for **SIRIN Art Studio** to use, without limitation or obligation, photographs which may include **my child's image** or artwork for purposes of promoting future programs.

YES \_\_\_\_\_

NO \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please make checks payable to Sirin Art Studio*