



2024 Aug 5-9

Ages

8-12 9am-11:30am

13-17 12:30pm-3pm

Return completed application by no later than July 26th, *along with your check made out to "AAAC"* to: Judi McCall, 320 Davis St., Allegan MI 49010

****\$20 per day, \$100 per week****

Please mark the days your child will be attending.

Mon

Tues

Wed

Thur

Fri

Number of days _____ x \$20 = _____ \$Total

ALLEGAN CAMPER INFORMATION

Mon - Fri August 5-9 Hours: 9-11:30 Ages 8-12 12:30-3 Ages 13-17
Griswold Lower Level (401 Hubbard Street)

Age _____ DOB: _____ Entering _____ grade in Fall of 2023

Name _____ Allergic to _____

Address _____

Phone Number _____ Email _____

In case of Emergency, contact:

Name _____ Relationship _____

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 camps 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 and click on the "Classes" heading.