



2026  
Ages 6 - 16

**Return completed application** by no later than July 22nd *along with your check made out to "AAAC"* to: AAAC, PO Box 38, Allegan, MI, 49010  
*Application must be mailed but you may pay with a credit card on our website.*

**\*\*\$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***

**Monday-Friday August 3 - 7 Hours 9:00am to 11:30am**

Age \_\_\_\_\_ DOB: \_\_\_\_\_ Entering \_\_\_\_\_ grade in Fall of 2026

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.

I acknowledge that my child is healthy and able to complete this/these camp(s).

Parental/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_