

registration ...

Child's name _____ Boy Girl
Date of birth _____ Age as of July 25 _____
School _____ Grade in Fall 11 _____
(Campers must be 6 - 13 (or 5 if entering 1st grade in the fall))
Mother's name _____
Address _____

Phone (h) _____ (w) _____ (c) _____
Email _____
Father's name _____
Address _____

Phone (h) _____ (w) _____ (c) _____
Email _____
Alternate Emergency Contact (Required)
Name _____
Phone _____ Relation _____
*I give my permission for my child to participate in all camp activities and field trips,
to be photographed for future publications, and for my child to be treated for minor
ailments as necessary.*

Parent signature _____ Date _____

Sign up for one or both sessions.
 July 25 - 29 Aug 1 - 5 • 9am - 3:30pm (free drop off 8:30-9am)

I HAVE ENCLOSED:
 \$50 deposit per session (balance due July 1)
(non-refundable, must accompany registration)
 \$235 per week, per session
(includes \$50 deposit)
 Pay in full by May 1
(Receive a FREE 2011 Arts Camp T-Shirt)
 Check enclosed _____ Checks payable to TVMS Arts Camp
 Credit Card *(charges must be for full amount only - \$235/week)*
MC/VISA # _____
Name on Card _____ Exp. date _____

MAILING ADDRESS: TVMS/Arts Camp, Conn College - Box 5294,
New London, CT 06320.
REFUND POLICY: Deposit non-refundable. Balance refundable up to one week
before your child's first day of camp.
CONTACT INFO: Office: P. 860.439.2900 • F: 860.439.5311
E: tvmsartscamp@conncoll.edu • W: www.tvmsartscamp.org
REGISTRATION SUBMISSION(S): Can be mailed, faxed (860.439.5311) or
emailed to tvmsartscamp@conncoll.edu. No phone registrations accepted.

Payment must be received to complete the registration process.

