

# Summer Art Adventure Enrollment Form

Summer Art Adventure (SAA) packet with medical form, map and parent information will be mailed. Please contact us if you do not receive the mailing 2 weeks in advance of start date. Additional forms can be downloaded from [www.artleagueregistration.org/summer-art-adventure](http://www.artleagueregistration.org/summer-art-adventure).

Member     Non-Member     Half Hollow Hills School District student

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## PROGRAM SELECTION Early Childhood, Young Artists, Mature Artists, Teen Portfolio

Session # ( ) Class # \_\_\_\_\_ Title: \_\_\_\_\_ Fee \$ \_\_\_\_\_

Session # ( ) Class # \_\_\_\_\_ Title: \_\_\_\_\_ Fee \$ \_\_\_\_\_

Session # ( ) Class # \_\_\_\_\_ Title: \_\_\_\_\_ Fee \$ \_\_\_\_\_

Session # ( ) Class # \_\_\_\_\_ Title: \_\_\_\_\_ Fee \$ \_\_\_\_\_

Session # ( ) Class # \_\_\_\_\_ Title: \_\_\_\_\_ Fee \$ \_\_\_\_\_

Membership (\$35 student/\$70 family): Join to receive member discount    Fee \$ \_\_\_\_\_

### Discounts:

Combo Discount \$ \_\_\_\_\_

Early Bird Discount (one per camper) \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

Checks Payable to Art League of Long Island. Full tuition due at registration.

Student #1 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade as of 9/19 \_\_\_\_\_

Student #2 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade as of 9/19 \_\_\_\_\_

Parent or Guardian's Name : \_\_\_\_\_

I hereby authorize the use of my credit card: Visa / MC / Discover / AMEX (circle one).

Print Name on Card \_\_\_\_\_

Card# \_\_\_\_\_ SEC code \_\_\_\_\_

Exp. Date \_\_\_\_\_

I have read and understand the policies outlined in the SAA form concerning tuition discounts, cancellation, payment and photography of participants.

The Art League will make every effort to meet your request of placement if possible.

Place my child \_\_\_\_\_ with his/her friend(s) listed below:

\_\_\_\_\_