



ClayWays

Pottery Studio & Gallery

5442 Burnet Rd. Austin, Texas 78756
512-459-6445 info@clayways.com

Kids' Camp 2010 Registration Form

- | | |
|---|---|
| <input type="checkbox"/> Week 1: Monday, June 7– Friday, 11 | <input type="checkbox"/> Week 7: Monday, July 19– Friday, 23 |
| <input type="checkbox"/> Week 2: Monday, June 14– Friday, 18 | <input type="checkbox"/> Week 8: Monday, July 26– Friday, 30 |
| <input type="checkbox"/> Week 3: Monday, June 21– Friday, 25 | <input type="checkbox"/> Week 9: Monday, Aug 2– Friday, -6 |
| <input type="checkbox"/> Week 4: Monday, June 28– Friday, July 2 | <input type="checkbox"/> Week 10: Monday, Aug 9– Friday, 13 |
| <input type="checkbox"/> Week 5: Monday, July 5– Friday, 9 | <input type="checkbox"/> Week 11: Monday, Aug 16– Friday, 20 |
| <input type="checkbox"/> Week 6: Monday, July 12– Friday, 16 | |

First call ClayWays to reserve a space, then return this form ASAP with your payment.

Make checks payable to ClayWays or call 459-6445 to charge.

Sorry, there are no refunds after classes begin.

Week(s) you are registering for: _____

Please respect our age requirements. Your child must be at least 6 years of age for the younger kids' camp and 11 years of age for the older kids' camp by the start of the camp you are registering for.

Age group you are registering for: _____ Ages 6 - 10 (\$190 per 1 week session)

_____ Ages 11 and up (\$190 per 1 week session)

Student's Name: _____

Age student will be at beginning of Camp : _____ Birth date: ____/____/____.

Parent's Name(s): _____

Mailing Address: _____

_____ zip: _____

Home Phone: _____ Work Phone(s): (Mom) _____ (Dad) _____

e-mail address _____

How did you hear about ClayWays? _____

Medical Information:

Does your child have any allergies or special needs that we should be aware of? _____

In case of Emergency, ClayWays should contact:

Name _____ Phone # _____

Name _____ Phone # _____

In case of Emergency, ClayWays is authorized to seek medical attention from emergency services and/or:

Doctor _____ Phone # _____

Address _____

I understand that every precaution is taken to secure the safety of each student; however in case of an accident, I agree to release ClayWays from any liabilities.

Signature _____ Date _____