



# Downriver Council for the Arts

81 Chestnut Wyandotte, Mi 48192  
 734-720-0671 fax: 734-720-0672 [www.downriverarts.org](http://www.downriverarts.org)  
**Summer Camp Registration Form - 2017**

Parent's First Name: \_\_\_\_\_ Parent's Last Name: \_\_\_\_\_

Child 1: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age/ Grade: \_\_\_\_\_

Child 2: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age/ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a Member?  Yes  No (Members receive discounts on classes)

How did you hear about DCA?  Flyer  Web  Facebook/Twitter  Friend  Other

Class/ Camp Name ( If registering more than one child, include child's name)	Dates	Time	Class Fee Due Upon Registration
		Total Camps	
Membership Fee : ( If applicable) Student \$30 _____ Family \$50 _____		Total Membership	
Lunch Care \$5/Day x _____ days \$ _____		Total Lunch	
		<b>GRAND TOTAL</b>	

Payment Type: Cash:  Check # \_\_\_\_\_ Visa  M/C  AMEX

Credit Card#: \_\_\_\_\_ Security Code: \_\_\_\_\_ EXP. Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_