# Downriver Council for the Arts

**81 Chestnut Wyandotte, Mi 48192**
**734-720-0671 fax: 734-720-0672 www.downriverarts.org**
**Summer Camp Registration Form - 2016**

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<br>( If registering more than one child, include child's name) | Dates | Time | Class Fee |
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| | | Total Camps | |
| Membership Fee : ( If applicable)<br>Student $25 _____ Family $50 _____ | | Total Membership | |
| Lunch Care $5/Day x_____ days $_____ | | Total Lunch | |
| | | **GRAND TOTAL** | |

Payment Type: Cash:___ Check #_____ Visa_____ M/C_____ AMEX_____

Credit Card#:_____ Security Code:_____ EXP. Date_____

Signature:_____ Date:_____