

Customer Information

Date: _____

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____

Email _____

Customer is already a member: yes no

Camper Name: _____ **Age:** _____

<p>How did you hear about camp?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Camp Sessions

Week 1: June 25- June 30:	Week 5: July 23- July 27:
Week 2: July 2- July 6:	Week 5: July 30- Aug.3:
Week 3: July 9- July 13:	Week 6: Aug.6- Aug.10:
Week 4: July 16- July 20:	

Family Level Membership (\$80)		<p>After-camp (\$130 per week)</p> <p>Circle week(s) Week 1</p> <p>Week 2 Week 3</p> <p>Week 4 Week 5</p> <p>Week 6 Week 7</p>
Camp Total	\$ _____	
After-camp Total	\$ _____	
I would like to help another child attend Art Camp. Enclosed is my 100% tax-deductable contribution of	\$ _____	
GRAND TOTAL	\$ _____	

<p>Tender</p> <p>Cash \$ _____</p> <p>Credit card # _____ expiration date _____ CVV _____</p> <p># _____ Zip _____</p>

Mail to: Museum Education, Attn: Summer Camp, 128 North Broad Street, Philadelphia, PA 19102

Email: artcamp@pafa.org **Fax:** 215-569-0153 **Call:** 215-972-2054