

**Customer Information**

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

Parent/Guardian Name \_\_\_\_\_

How did you hear about  
camp?

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

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

Email \_\_\_\_\_

Customer is already a member: (circle) YES NO

**Camper Name** \_\_\_\_\_

Age: \_\_\_\_\_

**Camp Sessions (Please print the name of the camp)**

|   |                                     |
|---|-------------------------------------|
| Week 1: June 24- June 28:   | Week 5: July 22- July 26:           |
| Week 2: July 1- July 5: (no camp July 4) \$264 Non Members/ \$224 Family Level members  | Week 6: July 29- Aug. 2:            |
| Week 3: July 8- July 12:  | Week 7: Aug. 5- Aug. 9:             |
| Week 4: July 15- July 19:   | <b>Total number of camps:</b> _____ |
| <b>After-camp</b> ___ Week 1 ___ Week 2 ___ Week 3 ___ Week 4 ___ Week 5 ___ Week 6 ___ Week 7<br>(\$130 per week) <b>Total number of after-camp weeks:</b> _____ |                                     |

|  |    |
|--|----|
| Family Level Membership \$80   | \$ |
| Camp Total \$330 Non-Members, \$280 Family Level Members                                   | \$ |
| After-camp Total \$130 per week  | \$ |
| I would like to help another child attend Art Camp. My 100% tax-deductible contribution is | \$ |
| <b>GRAND TOTAL</b>   | \$ |

**Tender**

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_ CVV# \_\_\_\_\_ Zip \_\_\_\_\_

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

**Email:** [artcamp@pafa.org](mailto:artcamp@pafa.org)

**Fax:** 215-569-0153

**Call:** 215-972-2054