



Spring Camp Registration Form

2731 Maple Avenue, Lisle, IL (630) 778-9825 lxu@artroominc.com

Name: _____ Gender: F M
(circle one)

Address: _____

Tel: _____ E-mail: _____

School: _____ Grade: _____

Emergency Contacts:

Mom: _____ Tel: _____

Dad: _____ Tel: _____

Other: _____ Tel: _____

Have you taken any private art lessons before? Y N

Where: _____

Choose the camp dates and times you prefer:

March 25 March 28 March 29

March 30 March 31 April 1

Morning Session (M): 9:00 am – 12:00 pm

Afternoon Session (A): 1:30 pm – 4:30 pm

Half Day: \$32

Full Day: \$64

Drop off after 8 am, pick up before 5:00 pm – bring own lunch

Change of the camp date after registration is subject to space availability. No refund for camp cancellations, instead the proceeds can be used for regular Art Room lesson.

Please send **completed form along with payment** to: Art Room, 2731 Maple Avenue, Lisle, IL, 60532