



Summer Camp Registration Form

2527 Woodcliff Court Lisle IL 60532 (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: _____

Choose the camp dates and times you prefer:

- | | | |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> June 3-7 | <input type="checkbox"/> June 10-14 | <input type="checkbox"/> June 17-21 |
| <input type="checkbox"/> June 24-28 | <input type="checkbox"/> July 8-12 | <input type="checkbox"/> July 15-19 |
| <input type="checkbox"/> July 22-26 | <input type="checkbox"/> July 29 - Aug 2 | <input type="checkbox"/> Aug 5 - 9 |

Morning Session (M): 9:00am – 11:30am

Afternoon Session (A): 1:30 pm – 4:00 pm

Tuition: \$235 weekly (includes materials and snack)

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

Please send the **completed form, along with check payable to Art Room** to: Art Room, 2527 Woodcliff Ct Lisle, IL 60532