



The Seaside Studio



2010 Summer Art Sessions

The Seaside Studio is an "art-immersion" program
For youth ages 7-13 that just can't get enough ART!!!

- Enrollment is available on a first come/first serve basis and to guarantee quality of instruction, classes have age and enrollment limits. Please register now to reserve your spot!
- All classes will be held at One Harbor Church Gas Station in Atlantic Beach at 112 West Fort Macon Road.
- During each camp session we will explore a variety of art media and techniques. We will talk about art and artist throughout history as our inspiration for our art projects and crafts.

Please place a check next to the session(s) you plan to attend!

Register before June 8th to guarantee a free t-shirt!

Please Circle T-Shirt Size: Youth-XS Youth-S Youth-M Youth-L Youth-XL Adult-XS Adult-S Adult-M Adult-L Adult-XL

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|--|--|
| <input type="checkbox"/> Session 1 • June 15 – June 18 • 8:30 – 12:30 Tuesday -Friday | <input type="checkbox"/> Session 2 • June 21–June 24 • 8:30– 12:30 Monday - Thursday |
| <input type="checkbox"/> Session 3 • June 28 – July 1 • 8:30 – 12:30 Monday - Thursday | Camp Times: 8:30 – 12:30 Price: \$160/session |

- Students are welcome to bring a snack with them to eat during our snack break.
- All students should bring a smock or old shirt with them to put over their clothes.
- Art Camp prices include all supplies, materials and usage fees.

Applications with payments or checks made out to **Sarah Fordham Davenport** may be mailed to: **115 Noyes Avenue, Morehead City North Carolina, 28557**. For questions or phone registrations call Sarah Davenport at 252-342-6722 or Catherine Olander at 252-241-7760 or email Catherine at Catherine.olander@yahoo.com . **All registration fees must be paid in advance.** Refunds will only be given 2 weeks prior to the first day of camp.

Student's First and Last Name _____ DOB _____ Sex: M or F

Address _____ City _____ State _____ Zip _____

Parent/ Guardian Name(s) _____ Work Phone(s) # _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact Information

Please authorize a person to act for the parent (if unavailable) in the event of an emergency:

Name _____ Home # _____ Work # _____

Please add authorized person(s) to pick up your child from Art Camp if the parent/guardian is not able.

1. _____ 2. _____

Emergency Health Data

Special Needs _____ Allergies _____ Medications _____