

Foothills Conservatory for the Performing Arts'

MAD Camp 2007

Application

Student's Name & Age: _____

Parent/Legal Guardian(s) Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact (Name & Phone): _____

I hereby release FCPA, its faculty and affiliates from any responsibility or liability for personal injury or accidents. I hereby give my permission for my child to be photographed for publication in promotional materials and/or newspapers.

Parent/Guardian Signature: _____

Please enroll my child in:

MAD Camp (includes \$20 nonrefundable application fee)	\$275
Morning Care (7:30-9:30 a.m.) - \$50	_____
Afternoon Care (3:30-5:30 p.m.) - \$50	_____
Total (make check payable to FCPA)	\$_____

Mail this completed form along with your payment to FCPA — or drop it off at the studio!



Foothills Conservatory for the Performing Arts
109 E. North 1st Street, Seneca, SC 29678
(864)888-0300 www.foothillsconservatory.org