



CORAL SPRINGS MUSEUM OF ART

Winter Camp ArtShops 2011

Dec 28~30

Hours: 9:00am~12:00pm

Enjoy 3 Creative Art Filled Mornings (ages 6 to 12)

+Dress for Mess +Bring a Snack +All Art Supplies Included

Winter Camp ArtShops

Ages 6 to 12 9 to 12pm

Children from ages 6 to 12 will explore different art mediums each day in an art program that has been especially developed for Winter Camp ArtShops 2011 and will enhance your child's art experiences. Professional instructors will creatively challenge the young artists with amazing and fun projects!

Dec 28~30

3 Day Fee: \$70 Member/\$85 Non Member

The Museum has a **Sibling Discount** ~ register your first child for class and receive \$5 off the sibling class registration during the same camp session.

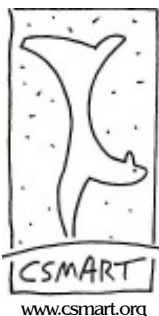


Call CSMART at 954-340-5000

or Fax your registration form to 954-346-4424

+Museum Members at Monet level or above receive a 10% discount on camp fees. +Camp fees are non-refundable and can be credited towards future art classes or camps. +There will be no make up classes for student illness, unanticipated travel or other reasons not the responsibility of the Museum. +Unless otherwise designated by the Museum staff, all children must be dropped off and picked up in the Museum's reception area. Please indicate on the registration form all those authorized to pick up your child. +Camp may be subject to cancellation due to minimum registration requirements. Teacher substitution may occur. +Students must respect the rights of other students or will be asked to leave the Museum and forfeit tuition. +Receipt of payment acknowledges that you have read, understood, and agree to all fees and Museum policies. +Cash, Checks or Credit Cards are acceptable forms of payment. +Please make checks payable to: Coral Springs Museum of Art. +There is a \$30 charge for all returned checks.

Winter Camp ArtShops 2011



Child's Name _____ Age _____ Phone _____

Address _____ City _____ Zip _____

Parent/Guardian's name & authorized pick up _____

Email and cell phone # _____

Medical Information (allergies/medications etc.) _____

ArtShop Fee _____

Paid by Cash Check Credit Card Member Non~Member

Acct # _____ Exp _____ Sibling Discount

How did you hear about the Camp? _____

PHOTO/VIDEO/AUDIO RELEASE: I understand that the Coral Springs Museum of Art produces a wide range of communication and marketing projects in a variety of media, and also releases communications to other media outlets. I consent to the use of my (or my minor child's) image for these purposes without remuneration.

Signature _____ Date _____

2855 Coral Springs Drive
Coral Springs, FL 33065

Tel: 954.340.5000
Fax: 954.346.4424

