

THE SOMERSET ARTISTS' CO-OP 2019 KIDS CREATIVITY CAMP

June 10th—13th M-TH

Ages 5 to 10: 10:00 a.m. to 12:00. - limit 20

Ages 11 and Up: 1:00 to 4:00 p.m. - limit 20

Clay Academy: Ages 5 and Up

10:00 a.m. to 12:00, Saturdays - June 22nd, 29th, July 13th. July 6th class will be 8:30 a.m. to 10:30. - limit 10

Ages 5-10 will work with artists Sue McKenzie, Phyllis Shoemaker, and Katrina Carpenter on projects involving painting, iris fold and paper arts including molding art from recycled paper.

Ages 11 and Up will work with artists Jane and Dave Kunkler, Dale Hague, Sue McKenzie, Phyllis Shoemaker and Steve Hane on projects involving silversmithing, clay, photography, painting and iris fold paper art.

Clay Academy: Dedicated just to clay! Students will work with Dale Hague, Jerrod Nash and Cindy Cooperrider on forming, pinching, rolling and glazing techniques.

E-mail somersetartistscoop@gmail.com for more information registration/form. All materials provided. Deadline for registration: 5/31 for June Camp, 6/8 for Clay Academy.



SOMERSET ARTISTS' CO-OP
P O Box 145 206 S Market St Somerset, OH 43783
2019 Kids Creativity Camp Registration

Please Check Camp Below. Please fill out one form for **Each** camper. SEND THIS FORM WITH PAYMENT (Do not send cash) to **above** address.

- June 10th – 13th M-TH: **Ages 5 to 10, 10:00 a.m. to 12:00 p.m.** (\$35.00) – limit 20
- June 10th – 13th M-TH: **Ages 11 and Up, 1:00 to 4:00 p.m.** (\$40.00) – limit 20
- Clay Academy: **Ages 5 & Up** 10:00 a.m. to 12:00 noon, Saturdays – June 22nd, 29th, July 13th. Saturday July 6th class will be 8:30 a.m. to 10:30 due to July 4th Parade in Somerset. (\$45.00) – limit 10

Please Print: Camper's Name _____

Parent/Guardian Name _____

Address/City/State/Zip _____

Daytime Phone _____ Other Phone _____

Camper's Age _____ Entering Grade _____

Parent/Guardian **E-mail** (Please print): _____

Below is your child's **Medical Form**. One medical form for **Each** camper.

Medical Form

Please list all drug, food allergies, and/or dietary requirements _____

Does your child have medical (or other) conditions the staff should know about? No Yes Describe:

Does your child carry an Epi Pen? Inhaler?

Will your child need to take meds during Camp hours? Yes No

Please list what times and dose. _____

Physician: _____ Physician's Phone _____

Emergency Contact (other than yourself) and Phone Number _____

Photo/Media Waiver: I give Somerset Artists' Co-Op permission to use photographs or video made during Camp for promotional purposes. I understand the images may be used in local newspapers, internet or Co-Op programs. The Co-Op will not sell, give away these images, or use in any manner other than described above.

Signature Parent/Guardian _____ Date _____

E-mail somersetartistscoop@gmail.com for more information.