



PLYMOUTH COMMUNITY ARTS COUNCIL
 774 N. Sheldon Rd, Plymouth MI 48170
 734-416-4278 fax 734-416-4267 www.plymoutharts.com

PROGRAM REGISTRATION FORM

Registrants

First Name: _____ **Last Name:** _____ **Age:** _____

if registering more than one child...

Sibling First Name: _____ **Sibling Last Name:** _____ **Age:** _____

(complete if registering a minor)

Parent's First Name: _____ **Parent's Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Phone: _____ **Cell Phone:** _____ **E-mail:** _____

Are you a Member? _____ YES _____ NO *Members receive discounts on classes!*

How did you hear about PCAC Camps? Returning Camper _____ Brochure _____ Web _____ Friend _____

Class/Camp Name (if registering more than one child, include child's name)	Date(s)	Time	Class Fee
Student \$30 _____ Family \$80 _____	Membership Fee (if applicable)		
Before Care: \$3/day x _____ days = \$ _____	Lunch Care \$5/day x _____ days= \$ _____	After Care \$5/day x _____ days=\$ _____	TOTAL:
Grand Total:			

Before Care: 8:30-9:00am
Lunch Care between camps
After Care: 4:00-5:00pm

Payment Type: Cash: _____ Check # _____ Visa _____ MC _____ Discover _____ Amex _____

Credit Card # _____ **Security Code** _____ **Exp. Date** _____
(3 digit code from back of card)

Signature: _____ **Date:** _____