

REGISTRATION FORM: CREATIVE ARTS AT 11:00 AM

PLEASE PRINT

Student's Name _____ Age on June 1, 2016 _____ M/F _____

Student's Summer Address _____ City _____ State _____ Zip _____

Parent's Name _____ Home/Cell Phone _____ Email _____

Title of Program _____ **Creative Arts at 11:00 am** _____ Dates: **July 5-29, 2016** Total \$ _____

Additional Program _____ Dates _____ Total \$ _____

Enclosed:

\$106 Non-Refundable Down Payment
Payment in full is due by 4/30/16

Full Payment



Note: For registrations after April 30, 2016, payment is due in full.

Mail to: P.O. Box 150, Brookline MA 02446

For more information, please call 617-730-2700, ext. 0

Email us at bacep@brookline.k12.ma.us, or visit our website at bacep@brookline.k12.ma.us

The required down payment includes a \$6 registration fee, and is non-refundable. Balances must be paid no later than April 30, 2016. No refunds or credits will be granted after June 1, 2016.

Note: *this is not a licensed camp.*