

Arts Camp Application

(Complete this application & mail with \$35 deposit which is applied to tuition or refunded if there is not enough space. Make checks payable to AASU.)

Camper Name _____

Home phone _____

Home address _____

City, State, Zip _____

Age _____ Birthdate _____

School name _____ City and State _____

Father's Name _____

work phone _____ cell phone _____

Mother's Name _____

work phone _____ cell phone _____

Guardian _____

work phone _____ cell phone _____

_____ Signature of parent or guardian

Mail to:

Armstrong Atlantic State University
Department of Art, Music, & Theatre
2009 Visual and Performing Arts Camp for Ages 7 - 14
11935 Abercorn Street
Savannah, GA 31419-1997

912.344.2556

Note: All applications must be accompanied by a \$35 processing deposit which is applied to tuition cost or refunded if space is not available. Make check payable to AASU. Students selected to participate in the camp must deposit a minimum of 50% of their total camp fees by May 30, 2009, or risk losing their guaranteed spot.