



# ARTCamp Registration 2010

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Name of Student                      Age (if a minor)

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Address

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City, State, ZIP

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Phone (day / evening)    Email

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Name of Parent/Guardian (if student is a minor)

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Special Physical Needs / Considerations / Allergies

**DAC members** enjoy a host of benefits, including reduced prices for classes & workshops. Please call (614) 889-7444 or visit [www.dublinarts.org](http://www.dublinarts.org) for details.

I am a Member of DAC (pay Member class fees)  
 I want to become a Member of DAC (pay Member class fees)

Please indicate at which level you wish to contribute:

\$1,000: Benefactor     \$500: Patron     \$250: Sponsor     \$100: Family Membership  
 \$50: Member             \$25: Student Member

Membership Fee: \$ \_\_\_\_\_

Class Title	Class #	Date/Time	Class Fee
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Golden Buckeye cardholders may deduct 10% from their total registration fees. Registration and refund policies are available at [www.dublinarts.org/classes/register.html](http://www.dublinarts.org/classes/register.html)

Total Amount Enclosed: \$ \_\_\_\_\_

**Payment Type** (please check one) PLEASE DO NOT MAIL CASH  
 Check (payable to Dublin Arts Council)     Visa     Mastercard

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Name on Card                                      Credit Card #                                      Exp.

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Signature: \_\_\_\_\_

**Mail or Deliver to:** Dublin Arts Council, 7125 Riverside Dr., Dublin, Ohio 43016