Name of Workshop: Summer Art Workshop

Workshop Sponsor: Regional Academic Outreach

Date(s) of Workshop: June 12, 2016 thru June 17, 2016

Name: _______________________________ □ Staff □ Participant

Home/Work Telephone: ___________________________ Cell Phone: ___________________________

Emergency Contact Name/Relationship: ___________________________ Phone: ___________________________

Vehicle License Plate Number: ___________________________ State: ___________________________

Make: ___________________________ Model: ___________________________ Color: ___________________________

THIS PORTION SHOULD BE TURNED IN AT CAMP CHECK-IN

THIS PORTION MUST BE CLEARLY DISPLAYED ON VEHICLE DASH
THIS SIDE UP

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Check One: □ Staff □ Participant

Vehicle License Plate Number: ___________________________ State: ___________________________

Make: ___________________________ Model: ___________________________ Color: ___________________________