



Museum of Children's Arts: Summer Camp 2014 Registration

Camper's Name: _____ Date of Birth: _____

Camper's Name: _____ Date of Birth: _____

Parent's Name(s): _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Multiple campers? Yes

Attended MOCHA camps before? Yes

ENROLLMENT INFO:

Week of	Theme	Attending?
6/16	Architecture	<input type="checkbox"/> Yes
6/23	Drawing & Painting	<input type="checkbox"/> Yes
8/4	Alphabet of Art	<input type="checkbox"/> Yes
8/11	Book Illustration	<input type="checkbox"/> Yes

FEES:

Camp fee / camper \$160:	
Total:	

To enroll, we require a 50% deposit by check, in-person, or credit card:

Credit Card # _____ Exp _____ Security code _____ Zip _____

Check # _____ Cash _____ Date: _____

Return this form, along with an emergency form to:

MOCHA Attn: Leticia Padgett, Museum Coordinator, 1625 Clay St, Suite 100, Oakland, CA 94612

or email: registrar@mocha.org