



Museum of Children's Arts: Youth Camp 2017 Registration

Camper Name: _____ Date of Birth: _____

Camper Name: _____ Date of Birth: _____

Parent Name(s): _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

ENROLLMENT INFO: 1:00-5:00pm

Week	Theme	Attending?
6/12	Street Art	<input type="checkbox"/> Yes
6/19	Natural Arts	<input type="checkbox"/> Yes
6/26	Drawing & Painting	<input type="checkbox"/> Yes
7/17	Comics	<input type="checkbox"/> Yes
7/24	Portfolio Development	<input type="checkbox"/> Yes
7/31	Sculpture	<input type="checkbox"/> Yes

FEES:

Camp fee (\$200/week):	
Early Bird Discount (sign up before 4/1/17, \$175/week):	
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: Summer Camp Registration
1625 Clay Street, Suite 100, Oakland, CA 94612

or email: registrar@mocha.org