



MASTERPIECE PROJECT 2017
 registration form | please fill out completely

Name (first and last) _____ Nickname _____

Date of birth _____ Grade for 2017-2018 school year _____

Street address _____

City _____ State _____ Zip _____ Home phone _____

Student cell phone _____ Student email _____

Please tell us why you are interested in this camp:

Week of camp you would like to attend: June 18-24 _____ July 23-29 _____

Please number your top two areas of interest for your primary studio (#1 being your greatest interest):

JUNE: Dance ___ Drama ___ Songwriting ___ Film making ___ Visual arts ___

or JULY: Creative Writing ___ Drama ___ Songwriting ___ Photography ___ Visual arts ___

Mother's name (or guardian) _____

Address (if different than student's) _____

Home phone _____ Cell phone _____

Email address _____

Father's name (or guardian) _____

Address (if different than student's) _____

Home phone _____ Cell phone _____

Email address _____

Emergency contact name* _____

Phone _____ Cell phone _____

Regular physician's name _____ Phone _____

Medical insurance company _____

Group number _____ ID number _____

Address _____

Phone _____ *A registered nurse will be on staff.

Do you have any allergies? If so, please list here _____

T-shirt size: Youth s ___ m ___ l ___ Adult xs ___ s ___ m ___ l ___ xl ___ xxl ___

Parent/Guardian Agreement

In submitting this application, we, the undersigned, agree to adhere to the policies of Masterpiece Ministries. We agree that Masterpiece Ministries has the right to send a camper home at the parent's expense and without a refund of any kind in the event of noncompliance with these policies. We agree to take full responsibility for any property damage caused by this camper. We agree that this student has permission to participate in all camp activities. Yes _____ No _____ If no, please explain _____

We agree that Masterpiece Ministries can use my image/the camper's image for promotional purposes.

Yes _____ No _____ If no, please explain _____

Student signature _____ Date _____

Parent or guardian signature _____ Date _____

Please mail to: Sherrie Rogers, Masterpiece Ministries, 445 Lawrence Rose Road, Lebanon TN 37087. All registrations are to be accompanied by a \$50 non-refundable deposit (to reserve a space). Early registration and deposit received by April 1, 2017: \$550; Camp fee for registrations received after April 1, 2017: \$625. Note: Your deposit and balance due may be paid online at masterpieceministries.org/register

For more information contact Sherrie at 615.438.8217 or email masterpiecemin@gmail.com