



APPLICATIONS ARE DUE BY MAY 19, 2017

MAIL TO: DOÑA ANA ARTS COUNCIL, P.O. BOX 1721, LAS CRUCES, NM 88004
 Or Deliver In Person To: 211 N. Main Street (Rio Grande Theatre- Upstairs)

2017 CAREER ART PATH
June 12-23, 2017 M-F 8:30 AM-2:00 PM
REGISTRATION FORM
Please Print

Name of Participant: _____

Name of Parent/Guardian: _____

Mailing Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Phone Number in Case of Emergency: _____

Email: _____

Participant's School: _____ Grade Entering: 5th 6th 7th 8th

Please describe any special needs of this participant: _____

Adult tee shirt size: SM MED LG X-LG

A \$100.00 fee must accompany this form. Partial scholarships are available, *based on financial need*. For information please contact development@daarts.org or call 575-523-6403. Your complete registration packet must be received by May 19, 2017. All information must be complete. Please use the checklist below. For questions, contact 575-523-6403 or development@daarts.org.

Registration packet checklist:

- _____ Completed Registration Form
- _____ Signed Parental Consent Form (below)
- _____ Signed Parent/Participant Contract
- _____ \$100.00 registration fee. Checks payable to Doña Ana Arts Council
- _____ Teacher Recommendation
- _____ My parent/guardian would like to volunteer for field trips

Completed and signed registration packet must be received by May 19, 2017

DOÑA ANA ARTS COUNCIL CAREER ART PATH PARENTAL CONSENT FORM

I, the undersigned parent or guardian, hereby grants permission for _____ to participate in the Doña Ana Arts Council's Career Art Path program activities, which will include field trips in Las Cruces. The Doña Ana Arts Council reserves the right to use photos/videos of your child taken by Arts Council representatives during this program for promoting the CAP program.

I will not hold the Doña Ana Arts Council, the Las Cruces Public Schools, or any of the instructors responsible for any accidents or illness to the above named student. In case of accident or illness, I grant permission to those in charge to take steps for the proper treatment and care of my child.

Signature of Parent/Guardian: _____ Date: _____

Address of Parent/Guardian: _____

Parent's Phone: _____ Cell: _____ Work: _____

If unable to reach me at the above numbers, please contact:

Name _____ Address _____ Phone: _____