

APPLICATION FOR ENROLLMENT

Please fill in all spaces below and
Return this application BY FRIDAY, JUNE 5 to:

Clark State Performing Arts Center
Project Jericho
PO Box 570
300 South Fountain Avenue
Springfield, Ohio 45501
Phone: (937) 328-3869 FAX: (937) 328-3879



Summer
ARTS
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Project Jericho Summer Arts Camp
Monday through Friday, June 22 through 26, 2009
9:00 AM to 3:00 PM*

applicant's name _____

address _____ City _____ Zip _____

home phone _____ alternate phone(s) _____

grade (2008-09) _____ school _____ age _____ date of birth (month/day/year) _____

parent/ guardian _____ telephone (AM) _____ (PM) _____

probation officer _____ social worker _____

tshirt size _____ emergency contact name & phone _____

previous Project Jericho programs you've participated in _____

how did you hear about the Summer Arts Camp? _____

☆On a separate sheet of paper, please answer this question:

Why do you want to be part of Project Jericho's Summer Arts Camp? (make sure to tell us about yourself, and elaborate on your answer!) – *Applications without this section will be considered incomplete.*

*I understand that attendance of **all** sessions of the Project Jericho Summer Arts Camp is required, and that daily participation is required for successful completion of the camp. A Certificate of Completion will be awarded to those who participate in all camp sessions.*

parent/guardian signature

participant signature

By signing this form, I grant permission for the participant and participant's artworks and projects to be photographed and/or videotaped by Project Jericho for archival and documentation purposes.

*The schedule for Friday, June 26, includes an evening performance.