Which camp are you reg	stering for? (please indicate one).	
January 9 – 14	January 16 – 21	
Personal Details		
First name:		
Family name:		
Street address:		
Email:		
Phone:		
	(please list your previous art education or relevant experience. *Note: those works to the second reasons for the second reasons reasons for the second reasons reasons reasons reasons for the second reasons r	
	se list any medical conditions that may affect you during the camp, including . *Note: this information is completely confidential and for emergency use o	
Any special dietary requimenu).	rements including allergies? (*Note Art Camp has a completely vegetarian	1
How do you expect to tra	vel to ArtCamp? (please indicate one)	
Private Car		
(*a forum will be set up fo	r car sharing options closer to the camp dates)	
	ahl Coach Stop, Bungwahl NSW 2423. We are happy to collect you from the ow your arrival time ahead of time).	e bus
Emergency Contact		
Name:		
Relationship to you:		

ArtCamp Registration Form

Address:	
Email:	
Phone number:	
Payment (please indicate one option)	
Option 1: Initial payment of deposit \$150 (non-refundable), with balance to be paid by 31/12/16.	
Option 2: Payment of full amount \$360.	
Please Make Payments via deposit to:	
Bank: Westpac	
Account Name: ArtCamp	
Bsb: 032-023	
Acc: 246333	
Refunds: In case of you cancelling your attendance, the payment amount (less deposit) is refundable if 7 days notice is given before start of camp.	
Participants Signature:	
Date:	

PLEASE RETURN COMPLETED APPLICATION TO: haydenfowler2@gmail.com

Your application will be confirmed by email upon receipt of deposit. A full information pack will be sent to you shortly thereafter (this includes directions, advice on what to bring with you, project briefs etc).

Thanks and see you there! Hayden and Mell