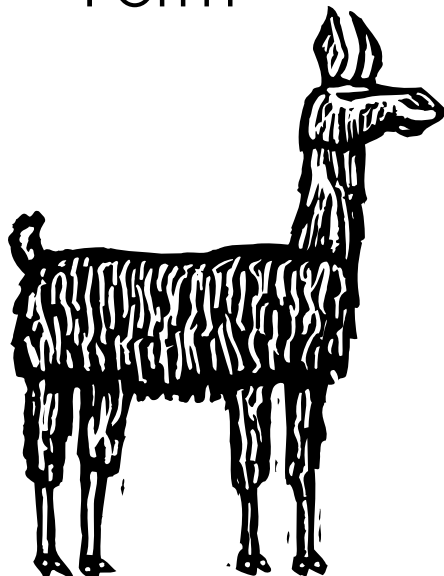


2010 Summer Camp Registration Form



IOWA FIBER & ARTS
ALLIANCE, LC

Please complete registration form, include a \$75 deposit per week and return to:

Iowa Fiber & Arts
1126 Teg Drive
Iowa City, IA 52246

Please send final payment by May 31, 2010. If registering after May 31, include full payment. All deposits are nonrefundable.

Camper Name: _____ Age: _____

Address: _____

_____ Birth Date: ___/___/___

Phone: _____ M F

Explore!

- July 5-9.....\$265
- July 19-23.....\$265
- July 26-30\$265
- Aug 2-6\$265
- Aug 9-13.....\$265

- Sew & More Level One** June 14-18.....\$290
- Sew & More Level Two** June 21-25....\$290
- Fiber Art Fun** June 28-July 2.....\$265
- A Week 2 Dye 4** July 5-9.....\$265
- Weaving Studio** July 26-30.....\$290
- Open Studio** Aug 2-6.....\$290
- Open Studio** Aug 9-13.....\$290

Total Camp Fees : _____

Before Care (\$30 per week): _____

After Care (\$30 per week): _____

Early Goat Discount - Register by April 30
(\$25 per week) - _____

Total Due: _____

Deposit: (\$75 per week) - _____
Please send with registration

Remaining Due : _____
Please send by May 31

Thank you for choosing
Iowa Fiber & Arts summer camp!

Parent/Guardian Name(s): _____

Work Phone(s): _____

Cell Phone(s): _____

E-mail address(es): _____

Emergency Contact: _____

Phone: _____

Camper's Allergies/Special Concerns:

If you are attending with a friend, please list here:

(You do not need to send in together.)

To whom are we authorized to release camper other than Parent/Guardian(s) listed above?

Name: _____

Relationship to Camper: _____

Name: _____

Relationship to Camper: _____

Camper's Physician: _____

Physician Phone: _____

Hospital: _____

Insurance Carrier: _____

Subscriber Name: _____

Policy Number: _____

Waiver and Release

I agree to release Iowa Fiber & Arts Alliance, LC (IFAA) and its employees from all claims, damages and actions of the above named camper or their parent/guardian. I assume full responsibility for any bodily injury that may occur as a result of the inherent risk of participating in camp. I authorize IFAA to use all photos or videos taken of my child during camp for advertising or promotional material. I have read these terms and conditions and agree to them.

Parent/Guardian Signature: _____

Date: _____