APPLICATIONS ARE DUE BY MAY 14, 2010
TO: DOÑA ANA ARTS COUNCIL, P.O. BOX 1721, LAS CRUCES, NM 88004
Or Deliver In Person To: 211 N. Downtown Mall (Rio Grande Theatre)

2010 CAREER ART PATH

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: _____

Participant's School: _____ Grade Completed: 6th 7th 8th 9th

Please describe any special needs of this participant: _____

Adult tee shirt size: SM MED LG X-LG

A $75 fee must accompany this form. Scholarships are available, *based on financial need*. For information and applications, please talk to your Art Teacher. Refunds will be given until May 21, 2010. Your registration packet must be received by May 14, 2010. All information must be complete. Please use the checklist below. For questions contact 523-6403 or infodaac@daarts.org .

Registration packet checklist:

_____ Completed Registration Form
_____ Signed Parental Consent Form (below)
_____ Signed Parent/Participant Contract (on reverse side)
_____ $75 registration fee. Make checks payable to Doña Ana Arts Council (DAAC)
_____ Scholarship application, when appropriate.
_____ My parent/guardian would like to volunteer for the field trip

Mailing Address: Doña Ana Arts Council, P.O. Box 1721, Las Cruces, NM 88004.
Or direct delivery: 211 N. Downtown Mall, Rio Grande Theatre - Upstairs

Completed and signed registration packet must be received by May 14, 2010.

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 by a chartered bus to sites in Doña Ana County. DAAC reserves the right to use photos/videos of your child as taken by DAAC 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: