



POWHATAN, VIRGINIA  
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### ART CAMP REGISTRATION FORM

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Class: \_\_\_\_\_

Session: \_\_\_\_\_

Day/Time: \_\_\_\_\_

Interests and special needs: \_\_\_\_\_

Fees: \_\_\_\_\_

Mail payment to:  
SUMMER CAMPS  
Old River Art  
3917 Old River Trail  
Powhatan, VA 23139