



Grand Rapids Art Museum Enrollment Form

Child's Name: _____ Date of Birth: _____

T-shirt size: _____ Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

Allergies: _____

Emergency Contact 1: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Emergency Contact 2: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

| | | |
|---|-----------------------|-------------|
| Check all camps attending: | | |
| <input type="checkbox"/> July 9 - 13 | Discovery Through Art | ages 5 - 7 |
| <input type="checkbox"/> July 16 - 20 | Discovery Through Art | ages 8 - 11 |
| <input type="checkbox"/> July 23 - 27 | Mechanics of Art | ages 7 - 11 |
| <input type="checkbox"/> July 30 - August 3 | Collaborate & Create | ages 6 - 12 |
| <input type="checkbox"/> August 6 - 10 | Collaborate & Create | ages 6 - 12 |

Cost per session: \$75.00 per child for members / \$105.00 per child for non-members

Save now with a membership!

Call the Membership Office at 616-831-2912 or email at membership@artmuseumgr.org for more information.

Membership: New Renewal

| Category | Annual Fee |
|----------------------|----------------|
| Individual + 1 Guest | \$50 |
| Family | \$65 |
| Friend of Art | \$150 |
| Fine Arts | \$500 |
| Masters | \$1,000 |
| Business/Corporate | Please inquire |

Special discount offer:

Register for 2 camp sessions and receive \$10 off the total cost.

Register for 3 camp sessions and receive \$15 off the total cost.

Register for 4+ camp sessions and receive \$20 off the total cost.

Withdrawal and Refund Policy: A full refund will be given if a cancellation notice is received two weeks or more in advance of camp. Cancellations received less than two weeks before the start of camp will be eligible for a 50% refund. No refund after camp begins.

Camp Fee \$ _____
Membership Fee \$ _____
Total Fee \$ _____

Check enclosed (made payable to Grand Rapids Art Museum)
Credit Card: Visa Mastercard Discover

Name on Card: _____

Credit Card # _____ Exp. Date _____

Terms & Conditions: By signing below, I hereby give permission for my child to participate in all of the activities during GRAM Summer Art Camp. I understand that my child will take part in both indoor activities and outdoor activities in the Museum Plaza and Park. I authorize GRAM to provide a snack for my child each day and have informed them of all known food allergies for my child. I understand that I am responsible for dropping off and picking up my child on time each day.

I also understand that GRAM reserves the right to cancel any camp session that does not receive sufficient enrollment.

Upon receipt of your enrollment form and full tuition payment, you will receive a confirmation letter detailing camp activities and schedules.

Signature: _____

Date: _____

Mail completed forms and payment to:

GRAND RAPIDS ART MUSEUM, Attn: Education Dept.

101 Monroe Center

Grand Rapids, MI 49503

(P) 616.831.2927

(F) 616.831.1001

(E) edasst@artmuseumgr.org

GRAM Summer Art Camps made possible
by: