

PAINT SPOT[®]

Summer Camp / Moms Day Away Kids Paint 'n Play 2010 REGISTRATION FORM

Child's Name: _____

Child's Age: _____

Child's Birth date: ____ / ____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____

Alt (cell) Phone: (____) ____ - _____

Responsible Adult: _____ Relationship: _____

Emergency Contact: _____ Relationship: _____

Phone: (____) ____ - _____

Alt (cell) Phone: (____) ____ - _____

Any Allergies: _____

Medications: _____ Medical Conditions: _____

Participation Date(s):

<input type="checkbox"/> Tues., 6/8	<input type="checkbox"/> Mon., 6/21	<input type="checkbox"/> Tues., 6/29	<input type="checkbox"/> Mon., 7/12	<input type="checkbox"/> Mon., 7/19	<input type="checkbox"/> Tues., 7/27
<input type="checkbox"/> Thur., 6/10	<input type="checkbox"/> Tues., 6/22	<input type="checkbox"/> Thur., 7/1	<input type="checkbox"/> Tues., 7/13	<input type="checkbox"/> Tues., 7/20	<input type="checkbox"/> Thur., 7/29
<input type="checkbox"/> Tues., 6/15	<input type="checkbox"/> Wed., 6/23	<input type="checkbox"/> Tues., 7/6	<input type="checkbox"/> Wed., 7/14	<input type="checkbox"/> Wed., 7/21	<input type="checkbox"/> Tues., 8/3
<input type="checkbox"/> Thur., 6/17	<input type="checkbox"/> Thur., 6/24	<input type="checkbox"/> Thur., 7/8	<input type="checkbox"/> Thur., 7/15	<input type="checkbox"/> Thur., 7/22	<input type="checkbox"/> Thur., 8/6
	<input type="checkbox"/> Fri., 6/25		<input type="checkbox"/> Fri., 7/16	<input type="checkbox"/> Fri., 7/23	

Amount Paid: \$ _____

Payment Type: Cash Check *(for advance reservation only)* Credit Card
(Visa, MasterCard, Discover)

Credit Card No.: _____ Expiration Date: _____

One registration form **MUST** be filled out per child. The form will be kept on file at the studio. You may register at the store, over the phone, fax or by mail. For questions call (502) 899-7768. Thank you!

Mail to: Paint Spot
4600 Shelbyville Road
Louisville, KY 40207

Fax to: (502) 899-7775