



Teen Leadership Training 2018

Registration Form

Name _____

Date of Birth _____

Phone Number _____

Email _____

CONTACT INFORMATION

Parent/Guardian Name _____

Phone _____ Cell _____ Work _____

I have read the course information sheet and Confirm that I will commit as a volunteer to both weeks of Artworth (July 16 - 20 and July 23 - 27): _____

Please contact Sara Jane at: 705-924-3565 or email us at to artworthcamp@gmail.com if you would like to volunteer for only one week of camp.

I will be respectful to all other participants and instructors: _____

My parent / guardian has read the information sheet and supports my involvement: _____

What do you hope to gain from this session?

Signature of Teen

Signature of parent/Guardian

