

Avila Arts and Culture Camp

1250 San Luis Bay Drive Avila Beach.

San Luis Bay exit off 101 heading west towards Avila go
1 mi on right side

805-896-6197

Camp Directors: Shannon Len & Shevon Sullivan

Camper

Name _____

Home

Address _____

City _____ **State** _____ **Zip** _____

Home Phone () _____ **Gender M/F Age** _____

Camper lives with (circle one): Mother / Father / Both: together /

Both: separately / Other: _____

1st Parent's/Guardian's

Name _____

Home Phone _____ Work _____

Phone _____ Cell Phone _____

2nd Parent's/Guardian's Name

Home Phone _____ Work _____

Phone _____ Cell Phone _____

Home Address (if different from above)

City _____

State _____ Zip _____

Additional Contacts – *If the above are unreachable these will be contacted in case of camper illness/behavior*

1 Name _____ Relationship to
Camper _____

Home Phone _____ Work _____
_____ CellPhone _____

I, _____ am allowing my child,
_____ to participate in the
Avila Arts and Culture camp. I understand that accidents can happen. In the
event my child is injured, I release Avila Arts and Culture camp , the camp
director and staff, and the property owner from any and all liability.

Payment: Check # _____ Amount # _____
**Confirmation and camp information packet will be sent via email
once reservation is received.**
**Space is limited. Reserve your spot by sending in your
registration.**
Registration and final payment will be due June 15th

Mail registration form and full pay, information release, insurance info to:
Shevon Sullivan
283 Chorro
San Luis Obispo, Ca 93405